```
=> file biosis caba caplus embase japio lifesci medline scisearch
=> s diagnos? and tuberculosis and (slide? or card?) and hydrophobic and
glycolipid? and liposome?
L1            0 DIAGNOS? AND TUBERCULOSIS AND (SLIDE? OR CARD?) AND HYDROPHOBIC
                AND GLYCOLIPID? AND LIPOSOME?

=> s diagnos? and tuberculosis and (slide? or card? or strip?) and hydrophobic
and glycolipid? and liposome?
L2            0 DIAGNOS? AND TUBERCULOSIS AND (SLIDE? OR CARD? OR STRIP?) AND
                HYDROPHOBIC AND GLYCOLIPID? AND LIPOSOME?

=> s diagnos? and tuberculosis and kit? and hydrophobic and glycolipid? and
liposome?
L3            0 DIAGNOS? AND TUBERCULOSIS AND KIT? AND HYDROPHOBIC AND GLYCOLIPI
                D? AND LIPOSOME?

=> s diagnos? and tuberculosis and (kit? or card? or slide?)
L4         5215 DIAGNOS? AND TUBERCULOSIS AND (KIT? OR CARD? OR SLIDE?)

=> s l4 and glycolipid?
L5           37 L4 AND GLYCOLIPID?

=> dup rem l5
PROCESSING COMPLETED FOR L5
L6            24 DUP REM L5 (13 DUPLICATES REMOVED)

=> d bib ab kwic 1-
YOU HAVE REQUESTED DATA FROM 24 ANSWERS - CONTINUE? Y/(N):y

L6   ANSWER 1 OF 24  CAPLUS  COPYRIGHT 2009 ACS on STN
AN   2009:487086  CAPLUS <<LOGINID::20090826>>
DN   150:465243
TI   Methods and probes for detecting and differentiating between Mycobacterium
     species using fluorescent in situ hybridization
IN   Shah, Jyotsna S.; Weltman, Helena; Harris, Nick
PA   ID Fish Technology, Inc., USA
SO   PCT Int. Appl., 27pp.
     CODEN: PIXXD2
DT   Patent
LA   English
FAN.CNT 3
     PATENT NO.          KIND   DATE        APPLICATION NO.        DATE
     ---------------     ----   --------    --------------------   --------
PI   WO 2009051776        A2    20090423    WO 2008-US11845        20081017
         W:  AE, AG, AL, AM, AO, AT, AU, AZ, BA, BB, BG, BH, BR, BW, BY, BZ,
             CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DO, DZ, EC, EE, EG, ES,
             FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IS, JP, KE,
             KG, KM, KN, KP, KR, KZ, LA, LC, LK, LR, LS, LT, LU, LY, MA, MD,
             ME, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PG, PH,
             PL, PT, RO, RS, RU, SC, SD, SE, SG, SK, SL, SM, ST, SV, SY, TJ,
             TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW
         RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HR, HU,
             IE, IS, IT, LT, LU, LV, MC, MT, NL, NO, PL, PT, RO, SE, SI, SK,
             TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD,
             TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW,
             AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
     US 20090130673        A1    20090521    US 2007-975306         20071018
```

PRAI US 2007-975306 A 20071018
US 2005-703329P P 20050728
US 2006-494430 A2 20060727

ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT

AB The present invention is based on the discovery of an improved method of allowing the probe to penetrate the cell wall of Mycobacteria including but not limited to M. ***tuberculosis*** complex (MTB Complex), M. avium complex (MAC) for directly detecting the presence of a target nucleic acid, protein, peptide, lipopeptide, glycopeptide, lipid, etc., in cells from culture or from specimens obtained from an individual (e.g., sputum, biopsies, CSF, paraffin embedded tissues) by fluorescent in situ hybridization. The invented method is particularly well suited for detecting nucleic acids specific to pathogens that which are found within sputum, whole blood, cerebrospinal fluid (CSF), other body fluids or infected tissues. More specifically, improvements of the traditional fixation/pretreatment methods are described that allow probes (e.g., oligonucleotide probes, PNA probes or antibodies and antibody fragments) to penetrate inside cells which may be located either inside or outside infected host cells. In addn., a procedure with a counterstain (e.g., DAPI, Evans Blue, potassium permanganate) after hybridization with a fluorescence labeled probe, for example, allows the organisms that retain the hybridized probes to be easily visualized in culture or clin. samples. The unique in situ hybridization pretreatment procedures, detection techniques and compns. of the present invention described herein allow the use of recombinant DNA, RNA or DNA and RNA oligonucleotides, PNA, peptide, glycoproteins (including antibodies and antibody fragments), lipids and ***glycolipid*** probes in cells, microorganisms or tissue sections and is compatible with microscopic examn. routinely performed in bacteriol., parasitol., histol. or pathol. labs.

AB . . . an improved method of allowing the probe to penetrate the cell wall of Mycobacteria including but not limited to M. ***tuberculosis*** complex (MTB Complex), M. avium complex (MAC) for directly detecting the presence of a target nucleic acid, protein, peptide, lipopeptide,. . . use of recombinant DNA, RNA or DNA and RNA oligonucleotides, PNA, peptide, glycoproteins (including antibodies and antibody fragments), lipids and ***glycolipid*** probes in cells, microorganisms or tissue sections and is compatible with microscopic examn. routinely performed in bacteriol., parasitol., histol. or. . .

ST differentiation Mycobacterium species ***diagnosis*** probe FISH analysis

IT Amphibia
Animal tissue
Aves
Birds
Body fluid
Centrifugation
Fish
Human
Mammalia
Mycobacterium
Mycobacterium abscessus
Mycobacterium chelonae
Mycobacterium fortuitum
Mycobacterium gordonae
Mycobacterium kansasii
Mycobacterium malmoense
Mycobacterium senegalense

Mycobacterium simiae
Mycobacterium ***tuberculosis***
Mycobacterium xenopi
Nucleic acid amplification
Reptilia
Sample preparation
Species differences
Sputum
(methods and probes for detecting and differentiating between Mycobacterium species using fluorescent in situ hybridization)

IT ***Diagnosis***
(mol.; methods and probes for detecting and differentiating between Mycobacterium species using fluorescent in situ hybridization)

IT Laboratory ware
(***slides*** ; methods and probes for detecting and differentiating between Mycobacterium species using fluorescent in situ hybridization)

L6 ANSWER 2 OF 24 EMBASE COPYRIGHT (c) 2009 Elsevier B.V. All rights reserved on STN DUPLICATE 1
AN 2007510106 EMBASE <<LOGINID::20090826>>
TI Rapid liposomal agglutination ***card*** test for the detection of antigens in patients with active ***tuberculosis*** .
AU Tiwari, R.P.
CS Diagnostic Division, Nicholas Piramal India Limited, Pawane, Navi, Mumbai, India.
AU Tiwari, R.P.; Garg, S.K.; Bisen, Prakash S. (correspondence)
CS Institute of Biotechnology and Allied Sciences, Seedling Academy of Design, Technology and Management, Jagatpura, Jaipur, India. psbisen@gmail.com
AU Garg, S.K.
CS Department of Biochemistry, University of Nebraska, Lincoln, NE, United States.
AU Bharmal, R.N.; Kartikeyan, S.
CS Department of Microbiology, Preventive and Social Medicine, Rajiv Gandhi Medical College, Kalwa, Thane, India.
AU Bisen, Prakash S. (correspondence)
CS Bisen Biotech and Biopharma Pvt. Ltd., M-7 Laxmipuram, Transport Nagar, Gwalior 474009, India. psbisen@gmail.com
SO International Journal of Tuberculosis and Lung Disease, (Oct 2007) Vol. 11, No. 10, pp. 1143-1151.
Refs: 30
ISSN: 1027-3719 CODEN: IJTDFO
CY France
DT Journal; Article
FS 015 Chest Diseases, Thoracic Surgery and Tuberculosis
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology
006 Internal Medicine
LA English
SL English; French; Spanish; Castilian
ED Entered STN: 30 Oct 2007
Last Updated on STN: 30 Oct 2007
AB SETTING: A total of 1360 subjects with clinically confirmed pulmonary and extra-pulmonary ***tuberculosis*** (TB) and other non-tuberculous conditions. OBJECTIVES: To develop a rapid, sensitive and specific ***diagnostic*** test for the detection of the ***glycolipid*** antigen of Mycobacterium ***tuberculosis*** in a variety of clinical samples. STUDY DESIGN: Affinity-purified rabbit anti- ***glycolipid***

antibodies (IgG) were coupled to liposome particles (0.2-0.4 .mu.m) in the presence of 1-ethyl-3-(3-dimethylaminopropyl) carbodiimide hydrochloride and N-hydroxysuccinamide to prepare the working reagent of the TB/M ***card*** test. RESULTS: Antibody-conjugated liposomes, when determined with the ***glycolipid*** antigens present in the specimens, formed a dark blue agglutination within 4 min. No dumping was observed in samples from normal healthy subjects or patients with other diseases. The test was shown to be effective in detecting ***glycolipid*** antigens of M. ***tuberculosis*** in clinical samples from patients with active TB with as low as 1 ng/ml analytical sensitivity, 97.4% clinical sensitivity and 96.9% specificity. CONCLUSION: The TB/M ***card*** test was found to be comparatively economical (4 Indian Rupees or US$ 0.09/test), rapid (4 min) and seems fairly useful for mass testing of a variety of biological specimens (cerebrospinal, pleural and synovial fluids, serum, tissue biopsy extract) from patients with tuberculous meningitis, pulmonary TB and other extra-pulmonary TB in endemic countries.

TI Rapid liposomal agglutination ***card*** test for the detection of antigens in patients with active ***tuberculosis*** .

AB SETTING: A total of 1360 subjects with clinically confirmed pulmonary and extra-pulmonary ***tuberculosis*** (TB) and other non-tuberculous conditions. OBJECTIVES: To develop a rapid, sensitive and specific ***diagnostic*** test for the detection of the ***glycolipid*** antigen of Mycobacterium ***tuberculosis*** in a variety of clinical samples. STUDY DESIGN: Affinity-purified rabbit anti- ***glycolipid*** antibodies (IgG) were coupled to liposome particles (0.2-0.4 .mu.m) in the presence of 1-ethyl-3-(3-dimethylaminopropyl) carbodiimide hydrochloride and N-hydroxysuccinamide to prepare the working reagent of the TB/M ***card*** test. RESULTS: Antibody-conjugated liposomes, when determined with the ***glycolipid*** antigens present in the specimens, formed a dark blue agglutination within 4 min. No dumping was observed in samples from normal healthy subjects or patients with other diseases. The test was shown to be effective in detecting ***glycolipid*** antigens of M. ***tuberculosis*** in clinical samples from patients with active TB with as low as 1 ng/ml analytical sensitivity, 97.4% clinical sensitivity and 96.9% specificity. CONCLUSION: The TB/M ***card*** test was found to be comparatively economical (4 Indian Rupees or US$ 0.09/test), rapid (4 min) and seems fairly useful. . .

CT Medical Descriptors:

adolescent
adult
*agglutination test
*antigen detection
article
cerebrospinal fluid
controlled study
    diagnostic test
    extrapulmonary tuberculosis
human
    lung tuberculosis
major clinical study
    Mycobacterium tuberculosis
pleura fluid
priority journal
school child
sensitivity and specificity

synovial fluid
    ****tuberculosis***
tuberculous meningitis
1 (3 dimethylaminopropyl) 3 ethylcarbodiimide
amide
antibody conjugate
    glycolipid
liposome
n hydroxysuccinamide
tissue extract

L6 ANSWER 3 OF 24 EMBASE COPYRIGHT (c) 2009 Elsevier B.V. All rights reserved on STN
AN 2007352782 EMBASE <<LOGINID::20090826>>
TI Current issues on molecular and immunological ***diagnosis*** of ***tuberculosis*** .
AU Cho, Sang-Nae, Dr. (correspondence)
CS Department of Microbiology, Institute of Immunology and Immunological Diseases, Yonsei University Collge of Medicine, 250 Seongsanno, Seodaemun-gu, Seoul 120-752, Korea, Republic of. raycho@yumc.yonsei.ac.kr
SO Yonsei Medical Journal, (Jun 2007) Vol. 48, No. 3, pp. 347-359.
Refs: 117
ISSN: 0513-5796 CODEN: YOMJA9
CY Korea, Republic of
DT Journal; General Review; (Review)
FS 015 Chest Diseases, Thoracic Surgery and Tuberculosis
026 Immunology, Serology and Transplantation
027 Biophysics, Bioengineering and Medical Instrumentation
037 Drug Literature Index
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology
LA English
SL English
ED Entered STN: 27 Aug 2007
Last Updated on STN: 27 Aug 2007
AB Laboratory ***diagnosis*** of ***tuberculosis*** (TB) traditionally relies on smear microscopy and culture of Mycobacterium ***tuberculosis*** from clinical samples. With recent advances in technology, there have been numerous efforts to develop new ***diagnostic*** tests for TB that overcome the low sensitivity and specificity and long turnover time associated with current ***diagnostic*** tests. Molecular biological tests based on nucleic acid amplification have brought an unprecedented opportunity for the rapid and specific detection of M. ***tuberculosis*** from clinical specimens. With automated sequencing analysis, species identification of mycobacteria is now easier and more accurate than with conventional methods, and rapid detection of mutations in the genes associated with resistance to TB drugs provides early information on the potential drug resistance for each clinical isolate or for clinical samples. In addition, immunological, tests for the detection of M. ***tuberculosis*** antigens and antibodies to the antigens have been explored to identify individuals at risk of developing TB or with latent TB infection (LTBI). The recent introduction of commercial IFN-.gamma. assay ***kits*** , for the detection of LTBI provides a new approach for TB control even in areas with a high incidence of TB. However, these molecular and immunological tools still require further evaluation using large scale cohort studies before implementation in TB control programs.
TI Current issues on molecular and immunological ***diagnosis*** of

tuberculosis .

AB Laboratory ***diagnosis*** of ***tuberculosis*** (TB) traditionally relies on smear microscopy and culture of Mycobacterium ***tuberculosis*** from clinical samples. With recent advances in technology, there have been numerous efforts to develop new ***diagnostic*** tests for TB that overcome the low sensitivity and specificity and long turnover time associated with current ***diagnostic*** tests. Molecular biological tests based on nucleic acid amplification have brought an unprecedented opportunity for the rapid and specific detection of M. ***tuberculosis*** from clinical specimens. With automated sequencing analysis, species identification of mycobacteria is now easier and more accurate than with conventional. . . potential drug resistance for each clinical isolate or for clinical samples. In addition, immunological, tests for the detection of M. ***tuberculosis*** antigens and antibodies to the antigens have been explored to identify individuals at risk of developing TB or with latent TB infection (LTBI). The recent introduction of commercial IFN-.gamma. assay ***kits*** , for the detection of LTBI provides a new approach for TB control even in areas with a high incidence of. . .

CT Medical Descriptors:
agglutination test
antibiotic resistance
antibody detection
antigen detection
bacterium identification
confounding variable
diagnostic kit
DNA extraction
DNA probe
enzyme linked immunosorbent assay
gene mutation
high performance liquid chromatography
high risk patient
human
infection control
molecular biology
molecular mechanics
Mycobacterium tuberculosis
nonhuman
nucleic acid amplification
polymerase chain reaction
prevalence
review
risk factor
sensitivity and specificity
sequence analysis
serodiagnosis
tuberculin test
****tuberculosis: DI, diagnosis***
****tuberculosis: DR, drug resistance***
****tuberculosis: ET, etiology***
****tuberculosis: PC, prevention***
BCG vaccine
cord factor: EC, endogenous compound
ethambutol
gamma interferon
glycolipid: EC, endogenous compound

immunoglobulin G: EC, endogenous compound
immunoglobulin M: EC, endogenous compound
isoniazid
kanamycin
pyrazinamide
quinoline derived antiinfective agent
rifampicin
streptomycin

L6 ANSWER 4 OF 24 MEDLINE on STN
AN 2006400463 MEDLINE <<LOGINID::20090826>>
DN PubMed ID: 16817794
TI Evaluation of serological ***diagnosis*** tests for ***tuberculosis*** in hemodialysis patients.
AU Yanai Mitsuru; Uehara Yuki; Takeuchi Makoto; Nagura Yuji; Hoshino Tadashi; Hayashi Kuniki; Kumasaka Kazunari
CS Department of Laboratory Medicine, Nihon University School of Medicine, Tokyo, Japan.. myanai@med.nihon-u.ac.jp
SO Therapeutic apheresis and dialysis : official peer-reviewed journal of the International Society for Apheresis, the Japanese Society for Apheresis, the Japanese Society for Dialysis Therapy, (2006 Jun) Vol. 10, No. 3, pp. 278-81.
Journal code: 101181252. ISSN: 1744-9979.
CY Australia
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
(RESEARCH SUPPORT, NON-U.S. GOV'T)
LA English
FS Priority Journals
EM 200611
ED Entered STN: 6 Jul 2006
Last Updated on STN: 19 Dec 2006
Entered Medline: 28 Nov 2006
AB Patients receiving hemodialysis are generally considered to be at increased risk of developing ***tuberculosis*** . In the current study, in order to evaluate the usefulness of serological tests in dialysis patients, serum antibodies for tuberculous ***glycolipids*** antigen (TBGL) and for lipoarabinomannan (LAM) were measured in hemodialysis patients. The present study included 243 hemodialysis patients. Serum antibodies for TBGL and LAM were measured. Tuberculin skin tests were carried out and chest X-rays evaluated at the same time. There were no patients with active ***tuberculosis*** at the time of blood sampling. Thirty-six patients (14.8%) and 25 patients (10.3%) were positive for anti-TBGL antibody and anti-LAM antibody, respectively. One hundred and fifty-five patients (63.8%) were positive for tuberculin skin testing and 123 patients (50.6%) had old pulmonary ***tuberculosis*** on their chest X-ray. There was no significant correlation between the results of anti-TBGL antibody and anti-LAM antibody. There were no relationships among the results of tuberculin skin test and the two serological tests. However, positivity of anti-TBGL antibody and anti-LAM antibody was significantly higher in patients with findings of old ***tuberculosis*** on the chest X-ray than those without findings. The current results show that these serological tests are positive more frequently in hemodialysis patients without any proof of active ***tuberculosis*** than in healthy subjects (2%) and careful interpretation is necessary for relevant results.

TI Evaluation of serological ***diagnosis*** tests for ***tuberculosis*** in hemodialysis patients.

AB Patients receiving hemodialysis are generally considered to be at increased risk of developing ***tuberculosis*** . In the current study, in order to evaluate the usefulness of serological tests in dialysis patients, serum antibodies for tuberculous ***glycolipids*** antigen (TBGL) and for lipoarabinomannan (LAM) were measured in hemodialysis patients. The present study included 243 hemodialysis patients. Serum antibodies. . . Tuberculin skin tests were carried out and chest X-rays evaluated at the same time. There were no patients with active ***tuberculosis*** at the time of blood sampling. Thirty-six patients (14.8%) and 25 patients (10.3%) were positive for anti-TBGL antibody and anti-LAM. . . respectively. One hundred and fifty-five patients (63.8%) were positive for tuberculin skin testing and 123 patients (50.6%) had old pulmonary ***tuberculosis*** on their chest X-ray. There was no significant correlation between the results of anti-TBGL antibody and anti-LAM antibody. There were. . . two serological tests. However, positivity of anti-TBGL antibody and anti-LAM antibody was significantly higher in patients with findings of old ***tuberculosis*** on the chest X-ray than those without findings. The current results show that these serological tests are positive more frequently in hemodialysis patients without any proof of active ***tuberculosis*** than in healthy subjects (2%) and careful interpretation is necessary for relevant results.

CT . . .
Evaluation Studies as Topic
False Positive Reactions
Humans
Kidney Failure, Chronic: CO, complications
*Kidney Failure, Chronic: MI, microbiology
Middle Aged
****Reagent Kits, Diagnostic: MI, microbiology***
*Renal Dialysis
Sensitivity and Specificity
*Serologic Tests: MT, methods
Tuberculin Test
****Tuberculosis: DI, diagnosis***

CN 0 (Antigens, Bacterial); 0 (Reagent ***Kits*** , ***Diagnostic***)

L6 ANSWER 5 OF 24 EMBASE COPYRIGHT (c) 2009 Elsevier B.V. All rights reserved on STN DUPLICATE 2

AN 2005211276 EMBASE <<LOGINID::20090826>>

TI Clinical application of testing methods on acid-fast bacteria.

AU Ichiyama, Satoshi (correspondence)
CS Dept. of Clin. Laboratory Medicine, Kyoto University, Graduate School of Medicine, 54 Kawahara-cho, Sakyo-ku, Kyoto-shi, Kyoto 606-8507, Japan. sichiyam@kuhp.kyoto-u.ac.jp
AU Suzuki, Katsuhiro
CS National Hospital Organization, Kinki-Chuo Chest Medical Center.

SO Kekkaku, (Feb 2005) Vol. 80, No. 2, pp. 95-111.
ISSN: 0022-9776 CODEN: KEKKAG
CY Japan
DT Journal; Conference Article; (Conference paper)

FS 015 Chest Diseases, Thoracic Surgery and Tuberculosis
017 Public Health, Social Medicine and Epidemiology
037 Drug Literature Index
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology

LA Japanese
SL English
ED Entered STN: 26 May 2005
Last Updated on STN: 26 May 2005
AB Clinical bacteriology pertaining to acid-fast bacteria has made marked advances over the past decade, initiated by the development of a DNA probe ***kit*** for identification of acid-fast bacteria. Wide-spread use of nucleic acid amplification for rapid detection of tubercle bacillus contributed more greatly than any other factor to such advances in this field. At present, 90% of all ***kits*** used for nucleic acid amplification in the world are consumed in Japan. Unfortunately, not a few clinicians in Japan have a false idea that the smear method and nucleic acid amplification are necessary but culture is not. In any event nucleic acid amplification has exerted significant impacts on the routine works at bacteriology laboratories. Among others, collecting bacteria by pretreatment with NALC-NaOH has simplified the introduction of the collective mode smear method and liquid media. Furthermore, as clinicians have become increasingly more experienced with various methods of molecular biology, it now seems possible to apply these techniques for detection of genes encoding drug resistance and for utilization of molecular epidemiology in routine laboratory works. Meanwhile, attempts to ***diagnose*** acid-fast bacteriosis by checking blood for antibody have also been made, primarily in Japan. At present, two ***kits*** for detecting antibodies to ***glycolipids*** (LAM, TDM, etc.) are covered by national health insurance in Japan. We have an impression that in Japan clinicians do not have adequate knowledge and skill to make full use of these new testing methods clinically. We, as the chairmen of this symposium, hope that this symposium will help clinicians increase their skill related to new testing methods, eventually leading to stimulation of advances in clinical practices related to acid-fast bacteria in Japan. 1. Smear microscopy by concentration method and broth culture system: Kazunari TSUYUGUCHI (Clinical Research Center, National Hospital Organization Kinki-chuo Chest Medical Center) Smear microscopy and culture still remain the cornerstone to ***diagnose*** ***tuberculosis*** . However, the classical methods in Japan using direct microscopy and Ogawa solid media were not sufficient for clinical use. In recent years substantial advance has been made in these fields. Concentration of clinical samples by centrifugation improves the sensitivity of smear microscopy with excellent reproducibility. The Mycobacteria Growth Indicator Tube (MGIT) system using liquid media yields high sensitivity and rapidity. Using these methods, more and more ***tuberculosis*** cases would be correctly ***diagnosed*** and treated adequately based on drug susceptibility testing. 2. New technologies for anti- ***tuberculosis*** drug susceptibility testing : Satoshi MITARAI (Bacteriology Division, Reference Centre for Mycobacterium, Research Institute of ***Tuberculosis*** , Japan Anti- ***Tuberculosis*** Association) Several new technologies have been developed to obtain anti- ***tuberculosis*** drug susceptibility testing (AST) results rapidly, utilising liquid culture and molecular technologies. Mycobacterium Growth Indicator Tube (MGIT), as a popular liquid culturing and AST system, was evaluated for its accuracy and usefulness. As for isoniazid, MGIT showed 12.6% of discordant result comparing with standard method. These MGIT resistant and Ogawa susceptible strains had relatively high MICs ranging 0.13 to 2.0 .mu. g/m/. The molecular detection of resistant gene mutation is also a useful method to estimate drug resistance rapidly. The rpoB mutation detection is reliable with high sensitivity and specificity. 3. Nucleic acid amplification and novel ***diagnostic*** methods: Shunji

TAKAKURA (Department of Clinical Laboratory Medicine, Kyoto University Graduate School of Medicine) Sensitivities of nucleic acid amplificatiion tests (NAATs) for the ***diagnosis*** of ***tuberculosis*** meet clinical requirement that patients with high-risk of transmission should be identified within a day. Comparison of the performance of various NAATs is difficult because of the difference in sample processing and in samples tested among methods and reports. Considering the limitations of NAATs (low sensitivity compared with culture, inability to differentiate dead bacilli from the living), further advances would be expected when novel technologies could confer additional imformation, such as drug susceptibility, quantity, viability, and genotype. 4. Serodiagnosis of Mycobacterium avium complex lung disease : Seigo ***KITADA*** (Department of Internal Medicine, National Hospital Organization Toneyama National Hospital) Mycobacterium avium complex (MAC) organisms are ubiquitous in environment and a contamination in respiratory tracts is sometimes observed, and that complex the ***diagnosis*** . We developed a serodiagnostic method for MAC disease using an enzyme immunoassay with the MAC-specific glycopeptidolipid (GPL) core as antigen. A significant increase in GPL core antibodies was detected in sera of patients with MAC pulmonary diseases compared to patients who were colonized with MAC, patients with M. kansasii disease and ***tuberculosis*** and healthy subjects. The serodiagnosis is useful for ***diagnosis*** of MAC lung disease. 5. Molecular epidemiologic tools for ***tuberculosis*** : IS6110 RFLP, Spoligotyping, and VNTR: Tomoshige MATSUMOTO, Hiromi ANO, Tetsuya TAKASHIMA, Izuo TSUYUGUCHI (Osaka Prefectural Medical Center for Respiratory and Allergic Diseases) We have performed molecular typing on about 1,300 culture positive clinical isolates that made up the majority of ***tuberculosis*** strains in part of southeast Osaka since 2001 until now. By spoligotyping, about 75% of entire strains belonged to the Beijing strain. Particular spoligotyping descriptions, which were not described in SpolDBIII, were found in the strains with lower than 6 copies of IS6110 RFLP. We described them as Osaka type. We could also show that direct typing from Tb PCR positive sputum of patients with ***tuberculosis*** was possible by VNTR and that VNTR with 16 loci was useful in ***tuberculosis*** typing in Osaka.

AB . . . pertaining to acid-fast bacteria has made marked advances over the past decade, initiated by the development of a DNA probe ***kit*** for identification of acid-fast bacteria. Wide-spread use of nucleic acid amplification for rapid detection of tubercle bacillus contributed more greatly than any other factor to such advances in this field. At present, 90% of all ***kits*** used for nucleic acid amplification in the world are consumed in Japan. Unfortunately, not a few clinicians in Japan have. . . for detection of genes encoding drug resistance and for utilization of molecular epidemiology in routine laboratory works. Meanwhile, attempts to ***diagnose*** acid-fast bacteriosis by checking blood for antibody have also been made, primarily in Japan. At present, two ***kits*** for detecting antibodies to ***glycolipids*** (LAM, TDM, etc.) are covered by national health insurance in Japan. We have an impression that in Japan clinicians do. . . TSUYUGUCHI (Clinical Research Center, National Hospital Organization Kinki-chuo Chest Medical Center) Smear microscopy and culture still remain the cornerstone to ***diagnose*** ***tuberculosis*** . However, the classical methods in Japan using direct microscopy and Ogawa solid media were not sufficient for clinical use. In. . . Mycobacteria Growth Indicator Tube (MGIT) system using liquid media yields high sensitivity and rapidity. Using these methods, more and more ***tuberculosis*** cases would be

correctly ***diagnosed*** and treated adequately based on drug susceptibility testing. 2. New technologies for anti- ***tuberculosis*** drug susceptibility testing : Satoshi MITARAI (Bacteriology Division, Reference Centre for Mycobacterium, Research Institute of ***Tuberculosis*** , Japan Anti- ***Tuberculosis*** Association) Several new technologies have been developed to obtain anti- ***tuberculosis*** drug susceptibility testing (AST) results rapidly, utilising liquid culture and molecular technologies. Mycobacterium Growth Indicator Tube (MGIT), as a popular. . . drug resistance rapidly. The rpoB mutation detection is reliable with high sensitivity and specificity. 3. Nucleic acid amplification and novel ***diagnostic*** methods: Shunji TAKAKURA (Department of Clinical Laboratory Medicine, Kyoto University Graduate School of Medicine) Sensitivities of nucleic acid amplificatiion tests (NAATs) for the ***diagnosis*** of ***tuberculosis*** meet clinical requirement that patients with high-risk of transmission should be identified within a day. Comparison of the performance of. . . additional imformation, such as drug susceptibility, quantity, viability, and genotype. 4. Serodiagnosis of Mycobacterium avium complex lung disease : Seigo ***KITADA*** (Department of Internal Medicine, National Hospital Organization Toneyama National Hospital) Mycobacterium avium complex (MAC) organisms are ubiquitous in environment and a contamination in respiratory tracts is sometimes observed, and that complex the ***diagnosis*** . We developed a serodiagnostic method for MAC disease using an enzyme immunoassay with the MAC-specific glycopeptidolipid (GPL) core as antigen.. . . of patients with MAC pulmonary diseases compared to patients who were colonized with MAC, patients with M. kansasii disease and ***tuberculosis*** and healthy subjects. The serodiagnosis is useful for ***diagnosis*** of MAC lung disease. 5. Molecular epidemiologic tools for ***tuberculosis*** : IS6110 RFLP, Spoligotyping, and VNTR: Tomoshige MATSUMOTO, Hiromi ANO, Tetsuya TAKASHIMA, Izuo TSUYUGUCHI (Osaka Prefectural Medical Center for Respiratory and. . . Allergic Diseases) We have performed molecular typing on about 1,300 culture positive clinical isolates that made up the majority of ***tuberculosis*** strains in part of southeast Osaka since 2001 until now. By spoligotyping, about 75% of entire strains belonged to the. . . described them as Osaka type. We could also show that direct typing from Tb PCR positive sputum of patients with ***tuberculosis*** was possible by VNTR and that VNTR with 16 loci was useful in ***tuberculosis*** typing in Osaka.

CT Medical Descriptors:
acid fast bacterium
bacterial gene
bacteriology
bacterium culture
bacterium detection
bacterium isolate
clinical practice
conference paper
DNA probe
drug sensitivity
enzyme immunoassay
gene mutation
genotype
human
intermethod comparison
****lung disease: DI, diagnosis***

*lung disease: ET, etiology
molecular biology
molecular typing
Mycobacterium avium
Mycobacterium kansasii
national health insurance
nonhuman
nucleic acid amplification
respiratory system
sensitivity analysis
sensitivity and specificity
serodiagnosis
smear
****tuberculosis: DI, diagnosis***
****tuberculosis: ET, etiology***
glycolipid
isoniazid

L6 ANSWER 6 OF 24 CAPLUS COPYRIGHT 2009 ACS on STN
AN 2004:18071 CAPLUS <<LOGINID::20090826>>
DN 140:73585
TI Reagents and method for ***diagnosis*** of active ***tuberculosis*** or active acid-fast bacterial diseases, and test tools and ***kits*** using the reagents
IN Yano, Ikuya; Sato, Yukihiro; Otsuka, Katsuji; Fujita, Yukiko; Doi, Takeshi
PA Japan BCG Laboratory, Japan; Nippon Koketsu Kanso Kenkyusho K. K.
SO Jpn. Kokai Tokkyo Koho, 20 pp.
CODEN: JKXXAF
DT Patent
LA Japanese
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI JP 2004003912	A	20040108	JP 2002-178220	20020619
JP 3675778	B2	20050727		
PRAI JP 2002-106297	A	20020409		

AB The reagents are ***kits*** contg. (1) a toxic ***glycolipid*** (trehalose d6,6'-dimycolate) sepd. and purified from Mycobacterium bovis BCG Tokyo strain, (2) a ***glycolipid*** (trehalose 6-monomycolate) sepd. and purified from M. bovis BCG Tokyo strain, (3) a ***glycolipid*** (trehalose 6-monomycolate) sepd. and purified from M. avium complex (MAC), (4) a glycerophospholipid (phosphatidylinositol mannoside) sepd. and purified from human-type M. ***tuberculosis*** , and (5) a glycopeptide core prepd. by removal of serotype-specific sugar chains from a MAC-specific glycopeptide from MAC, sep. as antigens. Reactivity of these antigens towards the serum of patients with active ***tuberculosis*** was tested by ELISA.
TI Reagents and method for ***diagnosis*** of active ***tuberculosis*** or active acid-fast bacterial diseases, and test tools and ***kits*** using the reagents
AB The reagents are ***kits*** contg. (1) a toxic ***glycolipid*** (trehalose d6,6'-dimycolate) sepd. and purified from Mycobacterium bovis BCG Tokyo strain, (2) a ***glycolipid*** (trehalose 6-monomycolate) sepd. and purified from M. bovis BCG Tokyo strain, (3) a ***glycolipid*** (trehalose 6-monomycolate) sepd. and purified from M. avium complex (MAC), (4) a glycerophospholipid (phosphatidylinositol mannoside) sepd. and purified from human-type M. ***tuberculosis*** ,

and (5) a glycopeptide core prepd. by removal of serotype-specific sugar chains from a MAC-specific glycopeptide from MAC, sep. as antigens. Reactivity of these antigens towards the serum of patients with active ***tuberculosis*** was tested by ELISA.

ST ***diagnosis*** reagent antigen ***glycolipid*** glycerophospholipid ***tuberculosis*** ; glycopeptide ***glycolipid*** acid fast bacteria ***diagnosis*** ; ELISA ***tuberculosis*** ***diagnosis*** antigen Mycobacterium ***glycolipid***

IT Antibodies and Immunoglobulins
RL: ARG (Analytical reagent use); DGN (Diagnostic use); ANST (Analytical study); BIOL (Biological study); USES (Uses)
(IgG, conjugates with peroxidase; reagents and method for ***diagnosis*** of active ***tuberculosis*** or active acid-fast bacterial diseases, and test tools and ***kits*** using reagents)

IT Eubacteria
(acid-fast; reagents and method for ***diagnosis*** of active ***tuberculosis*** or active acid-fast bacterial diseases, and test tools and ***kits*** using reagents)

IT Immunoassay
(enzyme-linked immunosorbent assay; reagents and method for ***diagnosis*** of active ***tuberculosis*** or active acid-fast bacterial diseases, and test tools and ***kits*** using reagents)

IT ***Diagnosis***
(immunodiagnosis; reagents and method for ***diagnosis*** of active ***tuberculosis*** or active acid-fast bacterial diseases, and test tools and ***kits*** using reagents)

IT Phosphatidylinositols
RL: ARG (Analytical reagent use); DGN (Diagnostic use); PUR (Purification or recovery); ANST (Analytical study); BIOL (Biological study); PREP (Preparation); USES (Uses)
(mannosides; reagents and method for ***diagnosis*** of active ***tuberculosis*** or active acid-fast bacterial diseases, and test tools and ***kits*** using reagents)

IT Blood analysis
Human
Mycobacterium avium
Mycobacterium bovis
Mycobacterium ***tuberculosis***
Test ***kits***
Tuberculosis
(reagents and method for ***diagnosis*** of active ***tuberculosis*** or active acid-fast bacterial diseases, and test tools and ***kits*** using reagents)

IT Antigens
Glycopeptides
RL: ARG (Analytical reagent use); DGN (Diagnostic use); PUR (Purification or recovery); ANST (Analytical study); BIOL (Biological study); PREP (Preparation); USES (Uses)
(reagents and method for ***diagnosis*** of active ***tuberculosis*** or active acid-fast bacterial diseases, and test tools and ***kits*** using reagents)

IT 7722-84-1, Hydrogen peroxide, biological studies 9003-99-0D, Peroxidase, IgG conjugates 54827-17-7, 3,3',5,5'-Tetramethylbenzidine
RL: ARG (Analytical reagent use); DGN (Diagnostic use); ANST (Analytical study); BIOL (Biological study); USES (Uses)
(reagents and method for ***diagnosis*** of active

tuberculosis or active acid-fast bacterial diseases, and test tools and ***kits*** using reagents)

IT 99-20-7DP, Trehalose, mycolic acid derivs. 3458-28-4DP, Mannose, phosphatidylinositol derivs. 61512-20-7P, Cord factor 139722-77-3DP, acyl derivs. 149471-31-8DP, mycolic acid derivs.
RL: ARG (Analytical reagent use); DGN (Diagnostic use); PUR (Purification or recovery); ANST (Analytical study); BIOL (Biological study); PREP (Preparation); USES (Uses)
(reagents and method for ***diagnosis*** of active ***tuberculosis*** or active acid-fast bacterial diseases, and test tools and ***kits*** using reagents)

L6 ANSWER 7 OF 24 EMBASE COPYRIGHT (c) 2009 Elsevier B.V. All rights reserved on STN
AN 2004121311 EMBASE <<LOGINID::20090826>>
TI Rapid Serodiagnosis of Active Pulmonary Mycobacterium ***tuberculosis*** by Analysis of Results from Multiple Antigen-Specific Tests.
AU Okuda, Yoshinari; Maekura, Ryoji (correspondence); Hirotani, Atsusi; Kitada, Seigo; Yoshimura, Kenji; Hiraga, Touru; Yamamoto, Yuoko; Itou, Masami; Ogura, Takeshi
CS Toneyama National Hospital, 5-1-1 Toneyama, Toyonaka City, Osaka 560-0045, Japan. maekurar@toneyama.hosp.go.jp
AU Ogihara, Toshio
CS Department of Geriatric Medicine, Osaka Univ. Grad. School of Medicine, Osaka, Japan.
SO Journal of Clinical Microbiology, (Mar 2004) Vol. 42, No. 3, pp. 1136-1141.
Refs: 21
ISSN: 0095-1137 CODEN: JCMIDW
CY United States
DT Journal; Article
FS 015 Chest Diseases, Thoracic Surgery and Tuberculosis
026 Immunology, Serology and Transplantation
027 Biophysics, Bioengineering and Medical Instrumentation
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology
LA English
SL English
ED Entered STN: 12 Apr 2004
Last Updated on STN: 12 Apr 2004
AB We have prospectively analyzed three antigens for serodiagnosis of ***tuberculosis*** (TB). These antigens were tuberculous ***glycolipid*** antigen, lypoarabinomannan polysaccharide antigen, and antigen 60 (A60), which was derived from purified protein derivatives. Of the 131 patients with active pulmonary TB, 57 were both smear and culture negative and 14 had chronic active pulmonary TB that remained smear positive for > 12 months of chemotherapy. One hundred twenty healthy adults were controls. The percentages of patients positive in all three tests were 58.8% for smear-positive active pulmonary TB and 71.4% for chronic active pulmonary TB. When the results of the three serodiagnostic tests were evaluated in combination, the sensitivity increased to 91.5% in patients with active pulmonary TB and to 86.0% in smear- and culture-negative patients. The false-positive rate of the three-test combination was 12.5% in the healthy control groups. In conclusion, it was not possible to detect all of the antibodies against antigenic substances in the cell walls of the tuberculous bacilli in the sera of all TB patients by using available serodiagnostic tests. However, the combined use of tests with three separate antigens maximizes the

effectiveness of serodiagnosis.
TI Rapid Serodiagnosis of Active Pulmonary Mycobacterium ***tuberculosis*** by Analysis of Results from Multiple Antigen-Specific Tests.
AB We have prospectively analyzed three antigens for serodiagnosis of ***tuberculosis*** (TB). These antigens were tuberculous ***glycolipid*** antigen, lypoarabinomannan polysaccharide antigen, and antigen 60 (A60), which was derived from purified protein derivatives. Of the 131 patients with. . .
CT Medical Descriptors:
adult
aged
analytical equipment
antibody detection
antigen specificity
article
bacterial cell wall
controlled study
enzyme linked immunosorbent assay
female
human
****lung tuberculosis: DI, diagnosis***
major clinical study
male
****Mycobacterium tuberculosis***
nonhuman
priority journal
sensitivity and specificity
*serodiagnosis
sputum culture
sputum smear
antibody: EC, endogenous compound
antigen
antigen 60
glycolipid
lipoarabinomannan
polysaccharide
tuberculin
unclassified drug
NP ***(1) Anda-TB kit*** ; ***(2) Determiner TBGL kit*** ; ***(3)*** *** MycoDot kit***

L6 ANSWER 8 OF 24 CAPLUS COPYRIGHT 2009 ACS on STN
AN 2004:719038 CAPLUS <<LOGINID::20090826>>
DN 142:314789
TI Usefulness of the antiacid bacteria antibody (TBGL.cntdot.LAM) measurement in the blood of the active ***tuberculosis*** case: comparison with the sputum inspection law results and concomitant use effects of both antibodies
AU Okuda, Isao; Obara, Chiaki; Sakamoto, Osamu; Tanaka, Tsukasa; Hasegawa, Tatsurou; Midorikawa, Kiyoe; Watanabe, Katsumi; Ohtawa, Shuuichi; Tezuka, Shunsuke
CS Dep. of Clinical Laboratory, Kohnodai Hospital, National Center of Neurology and Psychiatry, Ichihara, Chiba, 272-8516, Japan
SO Rinsho Kensa (2004), 48(5), 587-591
CODEN: RNKNAT; ISSN: 0485-1420
PB Igaku Shoin Ltd.
DT Journal

LA Japanese
AB Here, the authors assessed the usefulness of anti-tuberculous ***glycolipid*** (TBGL) and lipoarabinomannan (LAM) antibody assay ***kits*** for ***diagnosis*** of active ***tuberculosis*** . The assay system to detect both anti-TBGL and -LAM antibodies was rapid and specific and useful for ***diagnosis*** of pulmonary ***tuberculosis*** , even with patients with smear-neg. and culture neg. ***tuberculosis*** .
TI Usefulness of the antiacid bacteria antibody (TBGL.cntdot.LAM) measurement in the blood of the active ***tuberculosis*** case: comparison with the sputum inspection law results and concomitant use effects of both antibodies
AB Here, the authors assessed the usefulness of anti-tuberculous ***glycolipid*** (TBGL) and lipoarabinomannan (LAM) antibody assay ***kits*** for ***diagnosis*** of active ***tuberculosis*** . The assay system to detect both anti-TBGL and -LAM antibodies was rapid and specific and useful for ***diagnosis*** of pulmonary ***tuberculosis*** , even with patients with smear-neg. and culture neg. ***tuberculosis*** .
ST tuberculous ***glycolipid*** lipoarabinomannan antibody ***tuberculosis*** ***diagnosis***
IT ***Glycolipids***
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(TBGL (tuberculous ***glycolipid***); anti-tuberculous ***glycolipid*** and lipoarabinomannan antibody assay ***kit*** for ***diagnosis*** of active ***tuberculosis***)
IT Blood analysis
Human
Test ***kits***
Tuberculosis
(anti-tuberculous ***glycolipid*** and lipoarabinomannan antibody assay ***kit*** for ***diagnosis*** of active ***tuberculosis***)
IT Antibodies and Immunoglobulins
RL: ANT (Analyte); ANST (Analytical study)
(anti-tuberculous ***glycolipid*** and lipoarabinomannan antibody assay ***kit*** for ***diagnosis*** of active ***tuberculosis***)
IT Lipopolysaccharides
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(lipoarabinomannans; anti-tuberculous ***glycolipid*** and lipoarabinomannan antibody assay ***kit*** for ***diagnosis*** of active ***tuberculosis***)
IT ***Diagnosis***
(serodiagnosis; anti-tuberculous ***glycolipid*** and lipoarabinomannan antibody assay ***kit*** for ***diagnosis*** of active ***tuberculosis***)

L6 ANSWER 9 OF 24 EMBASE
AN 2003484869 EMBASE <<LOGINID::20090826>>
TI Evaluation of ***Tuberculosis*** Activity in Patients with Anthracofibrosis by Use of Serum Levels of IL-2 sR.alpha., IFN-.gamma. and TBGL (Tuberculous ***Glycolipid***) Antibody.
AU Jeong, Do Young; Lee, Byoung Jun; Jung, Hye Ryung; Lee, Sang Hun; Shin, Jong Wook; Kim, Jae-Yeol; Park, In Won; Choi, Byoung Whui, Dr. (correspondence)

CS Department of Internal Medicine, Chung-Ang Univ. College of Medicine, Seoul, Korea, Republic of. bwchoimd@nownuri.net
AU Cha, Young Joo
CS Dept. of Diagnostic Med. Examination, Chung-Ang Univ. College of Medicine, Seoul, Korea, Republic of.
AU Choi, Byoung Whui, Dr. (correspondence)
CS Department of Internal Medicine, Chung-Ang University Hospital, 65, Hankang-ro 3ka, Yongsan-ku, Seoul, 140-757, Korea, Republic of. bwchoimd@nownuri.net
SO Tuberculosis and Respiratory Diseases, (Sep 2003) Vol. 55, No. 3, pp. 250-256.
Refs: 10
ISSN: 0378-0066 CODEN: KHCHAM
CY Korea, Republic of
DT Journal; Article
FS 015 Chest Diseases, Thoracic Surgery and Tuberculosis
017 Public Health, Social Medicine and Epidemiology
005 General Pathology and Pathological Anatomy
LA Korean
SL English; Korean
ED Entered STN: 30 Dec 2003
Last Updated on STN: 30 Dec 2003
AB Background: Anthracofibrosis, a descriptive term for multiple black pigmentation with fibrosis on bronchoscopic examination, has a close relationship with active ***tuberculosis*** (TB). However, TB activity is determined in the later stage by the TB culture results in some cases of anthracofibrosis. Therefore, it is necessary to identify early markers of TB activity in anthracofibrosis. There have been several reports investigating the serum levels of IL-2 sR.alpha., IFN-.gamma. and TBGL antibody for the evaluation of TB activity. In the present study, we tried to measure the above mentioned serologic markers for the evaluation of TB activity in patients with anthracofibrosis. Methods: Anthracofibrosis was defined when there was deep pigmentation (in more than two lobar bronchi) and fibrotic stenosis of the bronchi on bronchoscopic examination. The serum of patients with anthracofibrosis was collected and stored under refrigeration before the start of anti-TB medication. The serum of healthy volunteers (N=16), patients with active TB prior to (N=22), and after (N=13), 6 month-medication was also collected and stored. Serum IL-2 sR.alpha. and IFN-.gamma. were measured with ELISA ***kit*** (R&D system, USA) and serum TBGL antibody was measured with TBGL EIA ***kit*** (Kyowa Inc, Japan). Results: Serum levels of IL-2 sRa in healthy volunteers, active TB patients before and after medication, and patients with anthracofibrosis were 640.+-.174, 1,611.+-.2,423, 953+-562, and 863.+-.401 pg/ml, respectively. The serum IFN-.gamma. levels were 0, 8.16.+-.17.34, 0.70.+-.2.53, and 2.33.+-.6.67 pg/ml, and TBGL antibody levels were 0.83.+-.0.80, 5.91.+-.6.71, 6.86.+-.6.85, and 3.22.+-.2.59 U/ml, respectively. The serum level of TBGL antibody was lower than that of other groups ($p<0.05$). There was no significant difference of serum IL-2 sRa and IFN-.gamma. levels among the four groups. Conclusion: The serum levels of IL-2 sR.alpha., IFN-.gamma. and TBGL antibody were not useful in the evaluation of TB activity in patients with anthracofibrosis. More useful ways need to be developed for the differentiation of active TB in patients with anthracofibrosis.
TI Evaluation of ***Tuberculosis*** Activity in Patients with Anthracofibrosis by Use of Serum Levels of IL-2 sR.alpha., IFN-.gamma. and TBGL (Tuberculous ***Glycolipid***) Antibody.
AB . . . Background: Anthracofibrosis, a descriptive term for multiple

black pigmentation with fibrosis on bronchoscopic examination, has a close relationship with active ***tuberculosis*** (TB). However, TB activity is determined in the later stage by the TB culture results in some cases of anthracofibrosis.. . . (N=22), and after (N=13), 6 month-medication was also collected and stored. Serum IL-2 sR.alpha. and IFN-.gamma. were measured with ELISA ***kit*** (R&D system, USA) and serum TBGL antibody was measured with TBGL EIA ***kit*** (Kyowa Inc, Japan). Results: Serum levels of IL-2 sRa in healthy volunteers, active TB patients before and after medication, and. . .

CT Medical Descriptors:
adult
aged
****anthracofibrosis: DI, diagnosis***
*anthracofibrosis: EP, epidemiology
*anthracofibrosis: ET, etiology
article
bronchoscopy
bronchus
clinical article
controlled study
evaluation
female
****fibrosis: DI, diagnosis***
*fibrosis: EP, epidemiology
*fibrosis: ET, etiology
human
male
pigmentation
serology
tuberculosis
gamma interferon: EC, endogenous compound
interleukin 2: EC, endogenous compound

L6 ANSWER 10 OF 24 EMBASE COPYRIGHT (c) 2009 Elsevier B.V. All rights reserved on STN
AN 2003376790 EMBASE <<LOGINID::20090826>>
TI ***Diagnosis*** of ***tuberculosis*** : Available technologies, limitations, and possibilities.
AU Garg, Sanjay K.; Tiwari, R.P.; Tiwari, Dileep; Bisen, Prakash S., Prof. (correspondence)
CS Department of Biotechnology, Madhav Inst. of Technol. and Science, Gwalior, India. prakash.bisen@hotmail.com
AU Singh, Rupinder
CS Department of Biotechnology, Panjab University, Chandigarh, India.
AU Malhotra, Dolly
CS Department of Botany, Motilal Vigyan Mahavidyalaya, Bhopal, India.
AU Ramnani, V.K.
CS Dept. of Microbiology and Immunology, Gandhi Medical College, Bhopal, India.
AU Prasad, G.B.K.S.
CS School of Studies in Biochemistry, Jiwaji University, Gwalior, India.
AU Chandra, Ramesh
CS Department of Biotechnology, JC Bose Institute of Life Sciences, Bundelkhand University, Jhansi, India.
AU Garg, Sanjay K.; Fraziano, M.; Colizzi, V.
CS Department of Biology, University of Rome Tor-Vergata, Rome, Italy.
AU Colizzi, V.

CS International Center for Aids, IRCCS, L. Spallanzani Institute, Rome, Italy.
AU Bisen, Prakash S., Prof. (correspondence)
CS Madhav Inst. of Technol. and Science, Gwalior, M.P. 474005, India. prakash.bisen@hotmail.com
SO Journal of Clinical Laboratory Analysis, (2003) Vol. 17, No. 5, pp. 155-163.
Refs: 59
ISSN: 0887-8013 CODEN: JCANEM
CY United States
DT Journal; Article
FS 015 Chest Diseases, Thoracic Surgery and Tuberculosis
027 Biophysics, Bioengineering and Medical Instrumentation
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology
005 General Pathology and Pathological Anatomy
LA English
SL English
ED Entered STN: 2 Oct 2003
Last Updated on STN: 2 Oct 2003
AB Rapid ***diagnosis*** and treatment are important for preventing transmission of Mycobacterium ***tuberculosis*** . However, the ***diagnosis*** of ***tuberculosis*** continues to pose serious problems, mainly because of difficulties in differentiating between patients with active ***tuberculosis*** and those with healed lesions, normal mycobacterium boris BCG (Bacillus Calmette Guerin) vaccinated individuals, and unvaccinated Manteux positives. Physicians still rely on conventional methods such as Ziehl-Neelsen (ZN) staining, fluorochrome staining, sputum culture, gastric lavage, and other non-traditional methods. Although the tuberculin test has aided in the ***diagnosis*** of ***tuberculosis*** for more than 85 years, its interpretation is difficult because sensitization with nontuberculous mycobacteria leads to false-positive tests. There have been numerous unsuccessful attempts to develop clinically useful serodiagnostic ***kits*** for ***tuberculosis*** . A number of proteinaceous and nonprotein antigens (such as acyltrehaloses and phenolglycolipids) have been explored from time to time for the development of such assays but they have not proved to be clinically useful. It has been difficult to develop an ELISA utilizing a suitable antigen because M. ***tuberculosis*** shares a large number of antigenic proteins with other microorganisms that may or may not be pathogenic. With the advent of molecular biology techniques, there have been significant advances in nucleic acid-based amplification and hybridization, which are helping to rectify existing flaws in the ***diagnosis*** of ***tuberculosis*** . The detection of mycobacterial DNA in clinical samples by polymerase chain reaction (PCR) is a promising approach for the rapid ***diagnosis*** of tuberculous infection. However, the PCR results must be corrected for the presence of inhibitors as well as for DNA contamination. In the modern era of genetics, marked by proteomics and genomics, the day is not far off when DNA chip-based hybridization assays will instantly reveal mycobacterial infections. .COPYRGT. 2003 Wiley-Liss, Inc.
TI ***Diagnosis*** of ***tuberculosis*** : Available technologies, limitations, and possibilities.
AB Rapid ***diagnosis*** and treatment are important for preventing transmission of Mycobacterium ***tuberculosis*** . However, the ***diagnosis*** of ***tuberculosis*** continues to pose serious problems, mainly because of difficulties in differentiating between patients with active ***tuberculosis*** and those with healed lesions,

normal mycobacterium boris BCG (Bacillus Calmette Guerin) vaccinated individuals, and unvaccinated Manteux positives. Physicians still. . . (ZN) staining, fluorochrome staining, sputum culture, gastric lavage, and other non-traditional methods. Although the tuberculin test has aided in the ***diagnosis*** of ***tuberculosis*** for more than 85 years, its interpretation is difficult because sensitization with nontuberculous mycobacteria leads to false-positive tests. There have been numerous unsuccessful attempts to develop clinically useful serodiagnostic ***kits*** for ***tuberculosis*** . A number of proteinaceous and nonprotein antigens (such as acyltrehaloses and phenolglycolipids) have been explored from time to time for. . . not proved to be clinically useful. It has been difficult to develop an ELISA utilizing a suitable antigen because M. ***tuberculosis*** shares a large number of antigenic proteins with other microorganisms that may or may not be pathogenic. With the advent. . . there have been significant advances in nucleic acid-based amplification and hybridization, which are helping to rectify existing flaws in the ***diagnosis*** of ***tuberculosis*** . The detection of mycobacterial DNA in clinical samples by polymerase chain reaction (PCR) is a promising approach for the rapid ***diagnosis*** of tuberculous infection. However, the PCR results must be corrected for the presence of inhibitors as well as for DNA. . .

CT Medical Descriptors:
article
bacterium detection
bacterium identification
diagnostic accuracy
diagnostic value
enzyme linked immunosorbent assay
fluorochrome staining
human
intermethod comparison
ligase chain reaction
Mycobacterium tuberculosis
nonhuman
nucleic acid amplification
nucleic acid hybridization
polymerase chain reaction
radiometry
sensitivity and specificity
serodiagnosis
sputum culture
staining
stomach lavage
tuberculin test
****tuberculosis: DI, diagnosis***
ziehl neelsen staining
acyltrehalose derivative
bacterial antigen
BCG vaccine
fluorochrome
glycolipid
nucleic acid
phenolglycolipid derivative
trehalose
unclassified drug

L6 ANSWER 11 OF 24 EMBASE COPYRIGHT (c) 2009 Elsevier B.V. All rights reserved on STN DUPLICATE 3

AN 2002345343 EMBASE <<LOGINID::20090826>>

TI Evaluation of a commercially available serologic assay for antibodies against ***tuberculosis*** -associated ***glycolipid*** antigen.

AU Iinuma, Yoshitsugu, Dr. (correspondence); Senda, Kazuyoshi; Takakura, Shunji; Ichiyama, Satoshi; Tano, Masao; Abe, Tomoji; Yamamoto, Tomoko; Nakashima, Katzumitsu; Baba, Hisashi; Hasegawa, Yoshinori; Shimokata, Kaoru

CS Department of Clinical Laboratory, Nagoya University Hospital, Tsurumai-cho 65, Showa-ku, Nagoya-city 466-8560, Japan. yiinuma@med.nagoya-u.ac.jp

SO Clinical Chemistry and Laboratory Medicine, (2002) Vol. 40, No. 8, pp. 832-836.
Refs: 22
ISSN: 1434-6621 CODEN: CCLMFW

CY Germany

DT Journal; Article

FS 015 Chest Diseases, Thoracic Surgery and Tuberculosis
027 Biophysics, Bioengineering and Medical Instrumentation
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology

LA English

SL English

ED Entered STN: 17 Oct 2002
Last Updated on STN: 17 Oct 2002

AB A commercially available enzyme immunoassay developed to detect antibodies to a ***tuberculosis*** -associated ***glycolipid*** antigen was evaluated for serologic ***diagnosis*** of ***tuberculosis*** . This was a multicenter study comparing the assay with other methods in 78 patients with active pulmonary ***tuberculosis*** and in 54 controls with non-tuberculous lung diseases. Sensitivities were highest for sputum culture (91.0%), followed by immunoassay (79.5%), nucleic acid amplification (77.3%), and finally acid-fast staining of sputum smear (60.3%). Immunoassay and amplification, both rapid methods, had similarly high sensitivity in smear-positive subjects (89.4 and 88.9%, respectively); in smear-negative subjects these two techniques showed low sensitivity (64.5 and 60.0%, respectively). Concordance between the two methods was relatively low (72.0%). With regard to specificity, seven out of ten patients with old ***tuberculosis*** had positive result by immunoassay (30% specificity). In the control group, 10 out of 54 patients had positive immunoassay result (72.2% specificity), with notably limited specificity in the elderly. The tuberculous ***glycolipid*** assay is a rapid method sufficiently sensitive for detection of ***tuberculosis*** infection, even in smear-negative patients.

TI Evaluation of a commercially available serologic assay for antibodies against ***tuberculosis*** -associated ***glycolipid*** antigen.

AB A commercially available enzyme immunoassay developed to detect antibodies to a ***tuberculosis*** -associated ***glycolipid*** antigen was evaluated for serologic ***diagnosis*** of ***tuberculosis*** . This was a multicenter study comparing the assay with other methods in 78 patients with active pulmonary ***tuberculosis*** and in 54 controls with non-tuberculous lung diseases. Sensitivities were highest for sputum culture (91.0%), followed by immunoassay (79.5%), nucleic. . . Concordance between the two methods was relatively low (72.0%). With regard to specificity, seven out of ten patients with old ***tuberculosis*** had positive result by immunoassay (30% specificity).

In the control group, 10 out of 54 patients had positive immunoassay result (72.2% specificity), with notably limited specificity in the elderly. The tuberculous ***glycolipid*** assay is a rapid method sufficiently sensitive for detection of ***tuberculosis*** infection, even in smear-negative patients.

CT Medical Descriptors:
acid fast bacterium
adult
aged
antibody detection
article
clinical trial
controlled study
diagnostic kit
enzyme immunoassay
human
intermethod comparison
lung disease: DI, diagnosis
****lung tuberculosis: DI, diagnosis***
major clinical study
multicenter study
Mycobacterium tuberculosis
nucleic acid amplification
priority journal
sensitivity and specificity
serodiagnosis
sputum culture
sputum smear
staining
*bacterial antigen: EC, endogenous compound
*bacterium antibody: EC, endogenous compound
****glycolipid: EC, endogenous compound***
nucleic acid: EC, endogenous compound

L6 ANSWER 12 OF 24 BIOSIS COPYRIGHT (c) 2009 The Thomson Corporation on STN DUPLICATE 4

AN 2001:543089 BIOSIS <<LOGINID::20090826>>

DN PREV200100543089

TI Clinical evaluation of anti-tuberculous ***glycolipid*** immunoglobulin G antibody assay for rapid serodiagnosis of pulmonary ***tuberculosis*** .

AU Maekura, Ryoji [Reprint author]; Okuda, Yoshinari; Nakagawa, Masaru; Hiraga, Touru; Yokota, Souichirou; Ito, Masami; Yano, Ikuya; Kohno, Hiroaki; Wada, Masako; Abe, Chiyoji; Toyoda, Takeo; Kishimoto, Toshio; Ogura, Takeshi

CS Toneyama National Hospital, 5-1-1 Toneyama, Toyonaka-City, Osaka, 560-0045, Japan
maekurar@med.osaka-cu.ac.jp

SO Journal of Clinical Microbiology, (October, 2001) Vol. 39, No. 10, pp. 3603-3608. print.
CODEN: JCMIDW. ISSN: 0095-1137.

DT Article

LA English

ED Entered STN: 21 Nov 2001
Last Updated on STN: 25 Feb 2002

AB Previously we reported the development of a highly sensitive enzyme-linked immunosorbent assay specific for anti-tuberculous ***glycolipid***

(anti-TBGL) for the rapid serodiagnosis of ***tuberculosis*** . In this study, the usefulness of an anti-TBGL antibody assay ***kit*** for rapid serodiagnosis was evaluated in a controlled multicenter study. Antibody titers in sera from 318 patients with active pulmonary ***tuberculosis*** (216 positive for Mycobacterium ***tuberculosis*** in smear and/or culture tests and 102 smear and culture negative and clinically ***diagnosed***), 58 patients with old ***tuberculosis*** , 177 patients with other respiratory diseases, 156 patients with nonrespiratory diseases, and 454 healthy subjects were examined. Sera from 256 younger healthy subjects from among the 454 healthy subjects were examined as a control. When the cutoff point of anti-TBGL antibody titer was determined as 2.0 U/ml, the sensitivity for active ***tuberculosis*** patients was 81.1% and the specificity was 95.7%. Sensitivity in patients with smear-negative and culture-negative active pulmonary ***tuberculosis*** was 73.5%. Even in patients with noncavitary minimally advanced lesions, the positivity rate (60.0%) and the antibody titer (4.6+-9.4 U/ml) were significantly higher than those in the healthy group. These results indicate that this assay using anti-TBGL antibody is useful for the rapid serodiagnosis of active pulmonary ***tuberculosis*** .

TI Clinical evaluation of anti-tuberculous ***glycolipid*** immunoglobulin G antibody assay for rapid serodiagnosis of pulmonary ***tuberculosis*** .

AB Previously we reported the development of a highly sensitive enzyme-linked immunosorbent assay specific for anti-tuberculous ***glycolipid*** (anti-TBGL) for the rapid serodiagnosis of ***tuberculosis*** . In this study, the usefulness of an anti-TBGL antibody assay ***kit*** for rapid serodiagnosis was evaluated in a controlled multicenter study. Antibody titers in sera from 318 patients with active pulmonary ***tuberculosis*** (216 positive for Mycobacterium ***tuberculosis*** in smear and/or culture tests and 102 smear and culture negative and clinically ***diagnosed***), 58 patients with old ***tuberculosis*** , 177 patients with other respiratory diseases, 156 patients with nonrespiratory diseases, and 454 healthy subjects were examined. Sera from 256. . . as a control. When the cutoff point of anti-TBGL antibody titer was determined as 2.0 U/ml, the sensitivity for active ***tuberculosis*** patients was 81.1% and the specificity was 95.7%. Sensitivity in patients with smear-negative and culture-negative active pulmonary ***tuberculosis*** was 73.5%. Even in patients with noncavitary minimally advanced lesions, the positivity rate (60.0%) and the antibody titer (4.6+-9.4 U/ml). . . healthy group. These results indicate that this assay using anti-TBGL antibody is useful for the rapid serodiagnosis of active pulmonary ***tuberculosis*** .

IT . . .
System (Respiration); Serology (Allied Medical Sciences)

IT Parts, Structures, & Systems of Organisms
serum: blood and lymphatics

IT Diseases
pulmonary ***tuberculosis*** : bacterial disease, respiratory system disease
Tuberculosis , Pulmonary (MeSH)

IT Chemicals & Biochemicals
IgG [immunoglobulin G]

IT Methods & Equipment
anti- ***tuberculosis*** ***glycolipid*** immunoglobulin G antibody assay: analytical method

ORGN . . .

Mammals, Primates, Vertebrates
ORGN Classifier
Mycobacteriaceae 08881
Super Taxa
Mycobacteria; Actinomycetes and Related Organisms; Eubacteria;
Bacteria; Microorganisms
Organism Name
Mycobacterium ***tuberculosis*** : pathogen
Taxa Notes
Bacteria, Eubacteria, Microorganisms

L6 ANSWER 13 OF 24 BIOSIS COPYRIGHT (c) 2009 The Thomson Corporation on STN
AN 2001:251182 BIOSIS <<LOGINID::20090826>>
DN PREV200100251182
TI Rapid ***diagnosis*** of ***tuberculosis*** by detection of mycobacterial lipoarabinomannan in urine.
AU Hamasur, Beston; Bruchfeld, Judith; Haile, Melles; Pawlowski, Andrzej; Bjorvatn, Bjarne; Kallenius, Gunilla; Svenson, Stefan B. [Reprint author]
CS Swedish Institute for Infectious Disease Control, S-17182, Solna, Sweden stefan.svenson@vmm.slu.se
SO Journal of Microbiological Methods, (May, 2001) Vol. 45, No. 1, pp. 41-52. print.
CODEN: JMIMDQ. ISSN: 0167-7012.
DT Article
LA English
ED Entered STN: 23 May 2001
Last Updated on STN: 19 Feb 2002
AB There is an urgent need for improved tools for laboratory ***diagnosis*** of active ***tuberculosis*** (TB). Here, we describe two methods, a catch-up ELISA and a dipstick test based on the detection in urine of lipoarabinomannan (LAM). LAM is a major and specific ***glycolipid*** component of the outer mycobacterial cell wall. Preliminary experiments showed that LAM is excreted in the urine of mice injected intraperitoneally with a crude cell wall preparation of Mycobacterium ***tuberculosis*** . Both methods were highly sensitive, detecting LAM at concentrations of 1 ng/ml and 5 pg/ml, respectively. Of 15 patients with active TB, all showed intermediate to high levels of LAM in their urine (absorbance values from 0.3 to 1.2, mean 0.74). Only one sample showed an absorbance value below the chosen cut off value of 0.4. All but one of the urine samples from 26 healthy nursing workers exhibited OD value below 0.4 cut off. These methods may prove valuable for rapid and simple ***diagnosis*** of TB in particular in developing countries lacking biosafety level 3 (BSL3) facilities.
TI Rapid ***diagnosis*** of ***tuberculosis*** by detection of mycobacterial lipoarabinomannan in urine.
AB There is an urgent need for improved tools for laboratory ***diagnosis*** of active ***tuberculosis*** (TB). Here, we describe two methods, a catch-up ELISA and a dipstick test based on the detection in urine of lipoarabinomannan (LAM). LAM is a major and specific ***glycolipid*** component of the outer mycobacterial cell wall. Preliminary experiments showed that LAM is excreted in the urine of mice injected intraperitoneally with a crude cell wall preparation of Mycobacterium ***tuberculosis*** . Both methods were highly sensitive, detecting LAM at concentrations of 1 ng/ml and 5 pg/ml, respectively. Of 15 patients with. . . 26 healthy nursing workers exhibited OD value below 0.4 cut off. These methods may prove valuable for rapid and simple

diagnosis of TB in particular in developing countries lacking biosafety level 3 (BSL3) facilities.

IT . . . Concepts
Methods and Techniques

IT Parts, Structures, & Systems of Organisms
cell walls; urine: excretory system, biochemical analysis

IT Diseases
tuberculosis : bacterial disease, ***diagnostic*** methodology
Tuberculosis (MeSH)

IT Chemicals & Biochemicals
antibodies: uses; mycobacterial lipoarabinomannans: detection methods, quantitative analysis

IT Methods & Equipment
catch-up ELISA technique: analytical method, applications, description, detection/labeling techniques; sandwich ELISA: analytical method, applications, description, detection/labeling techniques; ***slide*** agglutination assays: analytical method, applications, description, detection/labeling techniques

IT Miscellaneous Descriptors
medical ***diagnostics*** ; methodology

ORGN . . .
Mammals, Rodents, Vertebrates

ORGN Classifier
Mycobacteriaceae 08881

Super Taxa
Mycobacteria; Actinomycetes and Related Organisms; Eubacteria; Bacteria; Microorganisms

Organism Name
Mycobacterium ***tuberculosis*** : pathogen

Taxa Notes
Bacteria, Eubacteria, Microorganisms

L6 ANSWER 14 OF 24 CAPLUS COPYRIGHT 2009 ACS on STN
AN 1999:136752 CAPLUS <<LOGINID::20090826>>
DN 130:208804
TI In situ immunodetection of antigens
IN Zeytinoglu, Fusun N.; Thiebaut, Franz B.
PA Browne, H. Lee, USA
SO U.S., 11 pp.
CODEN: USXXAM
DT Patent
LA English
FAN.CNT 2

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 5874226	A	19990223	US 1995-447072	19950522
CA 2221724	A1	19961121	CA 1996-2221724	19960514
WO 9636274	A1	19961121	WO 1996-US6805	19960514
W: AL, AM, AT, AU, AZ, BB, BG, BR, BY, CA, CH, CN, CZ, DE, DK, EE, ES, FI, GB, GE, HU, IS, JP, KE, KG, KP, KR, KZ, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI				
RW: KE, LS, MW, SD, SZ, UG, AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML				
AU 9657446	A	19961129	AU 1996-57446	19960514
CN 1195275	A	19981007	CN 1996-195515	19960514

CN 1146353 C 20040421
EP 871393 A1 19981021 EP 1996-915750 19960514
R: AT, BE, CH, DE, DK, ES, FR, GB, IT, LI, NL, SE, IE
JP 2002504222 T 20020205 JP 1996-534958 19960514
US 6080539 A 20000627 US 1998-168209 19981007
PRAI US 1995-447072 A 19950522
WO 1996-US6805 W 19960514
ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT
AB An antibody targeted to an antigen is brought into contact with a body component in situ by applying a retainer. The resulting antibody/antigen complex is labeled and may be amplified. The label is then detected either in situ or ex situ. The body component is skin or mucous membrane; the label comprises chromogen (e.g. 3-amino-9-Et carbazole), streptavidin, and a biotinylated oligonucleotide; and the antigen is a pathogenic antigen (e.g. tetanus toxoid, Papilloma virus E1 and E4, cell wall protein of Mycobacterium leprae, and others). The immunodetection method is useful for ***diagnosis*** of fungal infection, bacterial infection, viral infection, and neoplasm. The method is esp. useful for differential ***diagnosis*** between melanoma and fungal skin infection.
OSC.G 2 THERE ARE 2 CAPLUS RECORDS THAT CITE THIS RECORD (2 CITINGS)
RE.CNT 1 THERE ARE 1 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT
AB . . . toxoid, Papilloma virus E1 and E4, cell wall protein of Mycobacterium leprae, and others). The immunodetection method is useful for ***diagnosis*** of fungal infection, bacterial infection, viral infection, and neoplasm. The method is esp. useful for differential ***diagnosis*** between melanoma and fungal skin infection.
IT Hepatitis
(A; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)
IT Hepatitis
(B; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)
IT Hepatitis
(C; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)
IT Proteins, specific or class
RL: BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(E1; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)
IT Immunoglobulins
RL: ARG (Analytical reagent use); THU (Therapeutic use); ANST (Analytical study); BIOL (Biological study); USES (Uses)
(G1; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)
IT Immunoglobulins
RL: ARG (Analytical reagent use); THU (Therapeutic use); ANST (Analytical study); BIOL (Biological study); USES (Uses)
(G2a; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)

IT Immunoglobulins
RL: ARG (Analytical reagent use); THU (Therapeutic use); ANST (Analytical study); BIOL (Biological study); USES (Uses)
(G; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)

IT Ferritins
RL: BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(bacterioferritins; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)

IT Medical goods
(bandages; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)

IT Proteins, specific or class
RL: BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(gene E4; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)

IT Envelope proteins
RL: BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(gp120env; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)

IT Envelope proteins
RL: BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(gp21env; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)

IT Envelope proteins
RL: BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(gp41env; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)

IT ***Diagnosis***
(immunodiagnosis; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)

IT Oligonucleotides
RL: ARG (Analytical reagent use); PRP (Properties); THU (Therapeutic use); ANST (Analytical study); BIOL (Biological study); USES (Uses)
(labeled; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm

diagnosis)
IT Infection
(measles; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)
IT Antigens
RL: BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(melanoma-assocd.; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)
IT Proteins, specific or class
RL: BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(membrane, cell wall; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)
IT Antibodies
RL: ARU (Analytical role, unclassified); THU (Therapeutic use); ANST (Analytical study); BIOL (Biological study); USES (Uses)
(monoclonal; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)
IT gag proteins
RL: BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(p19gag; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)
IT Proteins, specific or class
RL: BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(p28; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)
IT ***Glycolipids***
RL: BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(phenolic; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)
IT Cell wall
(protein; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)
IT Thermus aquaticus
(recA gene; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)

IT Gene, microbial
RL: ARG (Analytical reagent use); PRP (Properties); THU (Therapeutic use); ANST (Analytical study); BIOL (Biological study); USES (Uses)
(recA; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)
IT Medical goods
(retainer; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)
IT AIDS (disease)
Aspergillus
Bacteria (Eubacteria)
Candida albicans
Clostridium perfringens
Clostridium tetani
Color formers
DNA sequences
Disease, animal
Human T-lymphotropic virus
Human T-lymphotropic virus 1
Human T-lymphotropic virus 2
Human herpesvirus
Human herpesvirus 1
Human herpesvirus 2
Human immunodeficiency virus
Human papillomavirus 16
Infection
Labels
Leukemia
Melanoma
Mucous membrane
Mycobacterium leprae
Mycoplasma
Mycosis
Neoplasm
PCR (polymerase chain reaction)
Papillomavirus
Pathogen
Polyomavirus
Rubella
Skin
Test ***kits***
Treponema pallidum
Tuberculosis
(test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)
IT Antigens
RL: ANT (Analyte); BSU (Biological study, unclassified); THU (Therapeutic use); ANST (Analytical study); BIOL (Biological study); USES (Uses)
(test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)
IT Antibodies
RL: ARG (Analytical reagent use); THU (Therapeutic use); ANST (Analytical

study); BIOL (Biological study); USES (Uses)
(test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)

IT Immune complexes
RL: ARU (Analytical role, unclassified); THU (Therapeutic use); ANST (Analytical study); BIOL (Biological study); USES (Uses)
(test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)

IT Toxoids
RL: ANT (Analyte); BSU (Biological study, unclassified); ANST (Analytical study); BIOL (Biological study)
(tetanus; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)

IT Infection
(viral; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)

IT 58-85-5, Biotin
RL: ARU (Analytical role, unclassified); THU (Therapeutic use); ANST (Analytical study); BIOL (Biological study); USES (Uses)
(label; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)

IT 220916-57-4D, biotinylated
RL: ARG (Analytical reagent use); PRP (Properties); THU (Therapeutic use); ANST (Analytical study); BIOL (Biological study); USES (Uses)
(nucleotide sequence; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)

IT 220896-84-4 220896-90-2
RL: ARU (Analytical role, unclassified); THU (Therapeutic use); ANST (Analytical study); BIOL (Biological study); USES (Uses)
(primer; test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)

IT 132-32-1, 3-Amino-9-ethyl carbazole 9013-20-1, Streptavidin
RL: ARU (Analytical role, unclassified); THU (Therapeutic use); ANST (Analytical study); BIOL (Biological study); USES (Uses)
(test ***kit*** comprising skin or mucosal membrane-applying retainer, antibody labeled with chromogen and oligonucleotide for antigen detection and infection or neoplasm ***diagnosis***)

L6 ANSWER 15 OF 24 CAPLUS COPYRIGHT 2009 ACS on STN
AN 2000:79783 CAPLUS <<LOGINID::20090826>>
DN 132:306894
TI A rapid ***diagnosis*** of ***tuberculosis*** by detecting anti-TBGL(tuberculous ***glycolipids***) antibodies
AU Sohn, Mal-hyeun; Kim, Sang-soon; Cho, Young-ja; Jung, Sil; Lee, Hyun-jung; Kim, Seok-heoun; Lee, Wan-Young; Kim, Young-ho
CS Department of Laboratory, Mokpo National Tuberculosis Hospital, S. Korea
SO Igaku to Yakugaku (1999), 42(5), 879-883

CODEN: IGYAEI; ISSN: 0389-3898
PB Shizen Kagakusha
DT Journal
LA Japanese
AB An immunoassay ***kit*** was developed for detg. TBGL antibodies in blood serum of Korean patients with ***tuberculosis*** . This ***kit*** revealed 87.0 % pos. among 54 patients with ***tuberculosis*** .
TI A rapid ***diagnosis*** of ***tuberculosis*** by detecting anti-TBGL(tuberculous ***glycolipids***) antibodies
AB An immunoassay ***kit*** was developed for detg. TBGL antibodies in blood serum of Korean patients with ***tuberculosis*** . This ***kit*** revealed 87.0 % pos. among 54 patients with ***tuberculosis*** .
ST ***tuberculosis*** ***diagnosis*** ***kit*** immunoassay blood serum
IT Antibodies
RL: ANT (Analyte); ANST (Analytical study)
(rapid ***diagnosis*** of ***tuberculosis*** by detecting anti-TBGL(tuberculous ***glycolipids***) antibodies)
IT ***Tuberculosis***
(rapid ***diagnosis*** of ***tuberculosis*** using anti-TBGL(tuberculous ***glycolipids***) antibody)

L6 ANSWER 16 OF 24 CAPLUS COPYRIGHT 2009 ACS on STN
AN 1998:527193 CAPLUS <<LOGINID::20090826>>
DN 129:166193
OREF 129:33701a,33704a
TI Therapeutic treatment and prevention of infections with a bioactive material encapsulated within a biodegradable-biocompatible polymeric matrix
IN Setterstrom, Jean A.; Van Hamont, John E.; Reid, Robert H.; Jacob, Elliot; Jeyanthi, Ramasubbu; Boedeker, Edgar C.; McQueen, Charles E.; Tice, Thomas R.; Roberts, F. Donald; Friden, Phil
PA United States Dept. of the Army, USA; Van Hamont, John E.; et al.
SO PCT Int. Appl., 363 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 17

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 9832427	A1	19980730	WO 1998-US1556	19980127
	W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GE, GH, HU, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZW				
	RW: GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG				
	US 6309669	B1	20011030	US 1997-789734	19970127
	AU 9863175	A	19980818	AU 1998-63175	19980127
PRAI	US 1997-789734	A	19970127		
	US 1984-590308	B1	19840316		
	US 1992-867301	A2	19920410		
	US 1995-446148	A2	19950522		

US 1995-446149 B2 19950522
US 1996-590973 B2 19960124
WO 1998-US1556 W 19980127
ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT
AB Novel burst-free, sustained release biocompatible and biodegradable microcapsules are disclosed which can be programmed to release their active core for variable durations ranging from 1-100 days in an aq. physiol. environment. The microcapsules are comprised of a core of polypeptide or other biol. active agent encapsulated in a matrix of poly(lactide/glycolide) copolymer, which may contain a pharmaceutically acceptable adjuvant, as a blend of upcapped free carboxyl end group and end-capped forms ranging in ratios from 100/0 to 1/99.
OSC.G 4 THERE ARE 4 CAPLUS RECORDS THAT CITE THIS RECORD (4 CITINGS)
RE.CNT 6 THERE ARE 6 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT
IT ***Diagnosis***
(agents; prevention of infections with bioactive material encapsulated within biodegradable-biocompatible polymeric matrix)
IT Absidia ramosa
Actinobacillus equuli
Actinobacillus seminis
Arcanobacterium pyogenes
Aspergillus fumigatus
Babesia caballi
Brucella melitensis
Campylobacter fetus
Campylobacter fetus intestinalis
Candida albicans
Candida tropicalis
Chlamydia psittaci
Clostridium tetani
Equid herpesvirus 1
Equine arteritis virus
Escherichia coli
Gardnerella vaginalis
Human herpesvirus 1
Human herpesvirus 2
Leptospira interrogans pomona
Listeria monocytogenes
Mycobacterium ***tuberculosis***
Mycoplasma bovigenitalium
Mycoplasma hominis
Neisseria gonorrhoeae
Pneumocystis carinii
Pseudomonas aeruginosa
Rhodococcus equi
Salmonella abortivoequina
Salmonella abortusovis
Streptococcus group B
Toxoplasma gondii
Treponema pallidum
Trichomonas vaginalis
Tritrichomonas foetus
Trypanosoma equiperdum
(antigens of; prevention of infections with bioactive material encapsulated within biodegradable-biocompatible polymeric matrix)
IT AIDS (disease)

Acinetobacter
Actinomycetales
Adenoviridae
Adrenoceptor agonists
Aerococcus
Aeromonas
Allergy inhibitors
Alzheimer's disease
Analgesics
Anesthetics
Angiogenesis
Angiogenesis inhibitors
Anthelmintics
Anti-infective agents
Anti-inflammatory agents
Antiarrhythmics
Antiarthritics
Antibacterial agents
Antibiotics
Anticholesteremic agents
Anticoagulants
Anticonvulsants
Antidepressants
Antidiabetic agents
Antidiarrheals
Antiemetics
Antihistamines
Antihypertensives
Antimalarials
Antimigraine agents
Antiparkinsonian agents
Antipyretics
Antirheumatic agents
Antiserums
Antitumor agents
Antitussives
Antiulcer agents
Antiviral agents
Appetite depressants
Arbovirus
Arcanobacterium haemolyticum
Arenavirus
Asthma
Bacillus (bacterium genus)
Biocompatibility
Blood substitutes
Bordetella
Borrelia
Bronchodilators
Brucella
Cachexia
Calymmatobacterium
Campylobacter
    Cardiopulmonary   bypass
    Cardiotonics
    Cardiovascular   agents
Cholinergic agonists

Clostridium
Contraceptives
Coronavirus
Corynebacterium
Cryptosporidium parvum
Cystic fibrosis
Cytomegalovirus
Cytotoxic agents
Decongestants
    Diagnosis
Diarrhea
Dissolution rate
Diuretics
Drug bioavailability
Drug dependence
Ebola virus
Echinococcus
Electrolytes, biological
Emulsifying agents
Enterobacteriaceae
Enterococcus
Enterovirus
Epitopes
Erysipelothrix
Expectorants
Filovirus
Flavobacterium
Freeze drying
Fungicides
Gardnerella
Gram-negative bacteria
Gram-positive bacteria (Firmicutes)
Haemophilus
Haemophilus ducreyi
Helicobacter
Hepatitis A virus
Hepatitis B virus
Hepatitis C virus
Human herpesvirus 3
Human herpesvirus 4
Human immunodeficiency virus
Human immunodeficiency virus 1
Human parainfluenza virus
Human poliovirus
Hypercholesterolemia
Hypnotics and Sedatives
Immunization
Immunomodulators
Immunostimulants
Infection
Influenza virus
Kidney, disease
Lactococcus
Legionella
Leptospira
Leuconostoc
Listeria

Measles virus
Melanoma
Micrococcus
Molluscum contagiosum virus
Moraxella
Multiple sclerosis
Mumps virus
Muscle relaxants
Narcotics
Neisseria
Nervous system agents
Nutrients
Opioid antagonists
Osteoarthritis
Osteomyelitis
Osteoporosis
Ovary, neoplasm
Pancreas, neoplasm
Papillomavirus
Parasiticides
Parkinson's disease
Pediococcus
Planococcus (bacterium)
Plesiomonas
Pneumonia
Poxviridae
Pseudomonas
Psoriasis
Psychotropics
Rabies virus
Reoviridae
Respiratory syncytial virus
Rheumatoid arthritis
Rhinovirus
Rhodococcus
Rotavirus
Rothia (bacterium)
Rubella virus
Salmonella typhi
Sexually transmitted diseases
Shigella boydii
Shigella dysenteriae
Shigella flexneri
Shigella sonnei
Spirillum
Staphylococcus
Streptobacillus
Streptococcus
Thrombosis
Tranquilizers
Treponema
Vaccines
Vasodilators
Vibrio
Vibrio cholerae
Wolinella succinogenes
Yersinia

(prevention of infections with bioactive material encapsulated within biodegradable-biocompatible polymeric matrix)

IT Alkaloids, biological studies
Antibodies
Antigens
Enzymes, biological studies
Estrogens
Glycolipids
Glycopeptides
Growth factors, animal
Lipopolysaccharides
Peptides, biological studies
Pheromones, animal
Progestogens
Prostaglandins
Proteins, general, biological studies
Steroids, biological studies
Sulfonamides
Tetracyclines
Vitamins
RL: BPR (Biological process); BSU (Biological study, unclassified); DEV (Device component use); PRP (Properties); THU (Therapeutic use); BIOL (Biological study); PROC (Process); USES (Uses)
(prevention of infections with bioactive material encapsulated within biodegradable-biocompatible polymeric matrix)

L6 ANSWER 17 OF 24 MEDLINE on STN
AN 1998220596 MEDLINE <<LOGINID::20090826>>
DN PubMed ID: 9562127
TI Detection of anti-lipoarabinomannan antibodies for the ***diagnosis*** of active ***tuberculosis*** .
AU Del Prete R; Picca V; Mosca A; D'Alagni M; Miragliotta G
CS Institute of Medical Microbiology, University of Bari, Italy.
SO The international journal of tuberculosis and lung disease : the official journal of the International Union against Tuberculosis and Lung Disease, (1998 Feb) Vol. 2, No. 2, pp. 160-3.
Journal code: 9706389. ISSN: 1027-3719.
CY France
DT Journal; Article; (JOURNAL ARTICLE)
(RESEARCH SUPPORT, NON-U.S. GOV'T)
LA English
FS Priority Journals; AIDS
EM 199806
ED Entered STN: 18 Jun 1998
Last Updated on STN: 29 Jan 1999
Entered Medline: 10 Jun 1998
AB SETTING: A serological test that contributes in ***diagnosing*** ***tuberculosis*** would aid patient management. OBJECTIVE: To evaluate
MycoDot, a new commercially available serological test, for the detection of immunoglobulin G antibodies to lipoarabinomannan (LAM), a ***glycolipid*** common to mycobacteria. DESIGN: Serum samples from 102
non-human immunodeficiency virus (HIV)-infected patients with no previous history of ***tuberculosis*** and with suspected active pulmonary (66) and/or extra-pulmonary (36) ***tuberculosis*** were investigated; 50 HIV-negative healthy subjects, sputum culture-negative, tuberculin skin

test negative and with no history of ***tuberculosis*** , were used as controls. RESULTS AND CONCLUSION: In 28 patients with microbiologically ascertained ***tuberculosis*** 25/28 serum samples were positive, whereas the test was negative in two patients with renal ***tuberculosis*** and in one with pulmonary ***tuberculosis*** . The remaining 74 serum samples were negative. The follow-up of these patients excluded a mycobacterial infection. Control subjects were negative. On the basis of our design, the MycoDot test, with its rapidity and degree of sensitivity, is suitable for routine use in laboratory ***diagnosis*** of both pulmonary and extrapulmonary ***tuberculosis*** .

TI Detection of anti-lipoarabinomannan antibodies for the ***diagnosis*** of active ***tuberculosis*** .

AB SETTING: A serological test that contributes in ***diagnosing*** ***tuberculosis*** would aid patient management. OBJECTIVE: To evaluate MycoDot, a new commercially available serological test, for the detection of immunoglobulin G antibodies to lipoarabinomannan (LAM), a ***glycolipid*** common to mycobacteria. DESIGN: Serum samples from 102 non-human immunodeficiency virus (HIV)-infected patients with no previous history of ***tuberculosis*** and with suspected active pulmonary (66) and/or extra-pulmonary (36) ***tuberculosis*** were investigated; 50 HIV-negative healthy subjects, sputum culture-negative, tuberculin skin test negative and with no history of ***tuberculosis*** , were used as controls. RESULTS AND CONCLUSION: In 28 patients with microbiologically ascertained ***tuberculosis*** 25/28 serum samples were positive, whereas the test was negative in two patients with renal ***tuberculosis*** and in one with pulmonary ***tuberculosis*** . The remaining 74 serum samples were negative. The follow-up of these patients excluded a mycobacterial infection. Control subjects were negative.. . . of our design, the MycoDot test, with its rapidity and degree of sensitivity, is suitable for routine use in laboratory ***diagnosis*** of both pulmonary and extrapulmonary ***tuberculosis*** .

CT . . . Aged
*Antibodies, Bacterial: BL, blood
Case-Control Studies
Humans
*Immunoglobulin G: BL, blood
*Lipopolysaccharides: IM, immunology
Middle Aged
*Mycobacterium: IM, immunology
****Reagent Kits, Diagnostic***
Sensitivity and Specificity
Serologic Tests: MT, methods
****Tuberculosis: DI, diagnosis***
****Tuberculosis, Pulmonary: DI, diagnosis***

CN 0 (Antibodies, Bacterial); 0 (Immunoglobulin G); 0 (Lipopolysaccharides); 0 (Reagent ***Kits*** , ***Diagnostic***); 0 (lipoarabinomannan)

L6 ANSWER 18 OF 24 MEDLINE on STN
AN 1998274822 MEDLINE <<LOGINID::20090826>>
DN PubMed ID: 9611875
TI [Serologic cross-reactions to Leishmania infantum using indirect immunofluorescence in HIV+ and HIV- patients with active ***tuberculosis***].

Reacciones cruzadas de la serologia a Leishmania infantum por inmunofluorescencia indirecta en pacientes HIV+ y HIV- con ***tuberculosis*** activa.

AU Lopez-Velez R; Turientes M C; Gomez-Mampaso E

CS Medicina Tropical y Parasitologia Clinica, Hospital Ramon y Cajal, Madrid.

SO Enfermedades infecciosas y microbiologia clinica, (1998 Mar) Vol. 16, No. 3, pp. 130-1.
Journal code: 9104081. ISSN: 0213-005X.

CY Spain

DT (COMPARATIVE STUDY)
(ENGLISH ABSTRACT)
Journal; Article; (JOURNAL ARTICLE)

LA Spanish

FS Priority Journals; AIDS

EM 199806

ED Entered STN: 13 Jul 1998
Last Updated on STN: 13 Jul 1998
Entered Medline: 29 Jun 1998

AB BACKGROUND: Clinical presentation of disseminated ***tuberculosis*** and visceral leishmaniosis can be very similar, mainly in those infected with HIV, being serology a useful tool in making a differential ***diagnosis*** . Cross-reactions of IFAT serodiagnosis of visceral leishmaniosis with other diseases are well known, but few data is available with ***tuberculosis*** . METHODS AND RESULTS: Detection of serum antibodies against Leishmania, using a commercial IFAT ***kit*** , was attempted in sera of 51 patients with active pulmonar and/or extrapulmonar ***tuberculosis*** (25 HIV+ and 26 HIV-). Overall cross-reactions was found in 19.6% patients without significative differences in between 2 groups, but differences in positive serum titres was observed: one at 1/256, three at 1/160, and one at 1/80 dilution, in the HIV+ group, whereas all 5 patients in HIV- group cross-reacted at 1/80 dilution. Recognition of specific leishmanial antigenic bands by serum antibodies of patients with ***tuberculosis*** were not clearly defined by Western-blot. CONCLUSIONS: IFAT technique for leishmaniosis cross-react in 20% of patients with ***tuberculosis*** .

TI [Serologic cross-reactions to Leishmania infantum using indirect immunofluorescence in HIV+ and HIV- patients with active ***tuberculosis***].
Reacciones cruzadas de la serologia a Leishmania infantum por inmunofluorescencia indirecta en pacientes HIV+ y HIV- con ***tuberculosis*** activa.

AB BACKGROUND: Clinical presentation of disseminated ***tuberculosis*** and visceral leishmaniosis can be very similar, mainly in those infected with HIV, being serology a useful tool in making a differential ***diagnosis*** . Cross-reactions of IFAT serodiagnosis of visceral leishmaniosis with other diseases are well known, but few data is available with ***tuberculosis*** . METHODS AND RESULTS: Detection of serum antibodies against Leishmania, using a commercial IFAT ***kit*** , was attempted in sera of 51 patients with active pulmonar and/or extrapulmonar ***tuberculosis*** (25 HIV+ and 26 HIV-). Overall cross-reactions was found in 19.6% patients without significative differences in between 2 groups, but. . . patients in HIV- group cross-reacted at 1/80 dilution. Recognition of specific leishmanial antigenic bands by serum antibodies of patients with ***tuberculosis*** were not clearly defined by Western-blot. CONCLUSIONS: IFAT technique for leishmaniosis cross-react in 20% of patients with ***tuberculosis*** .

CT *** AIDS-Related Opportunistic Infections: DI, diagnosis***

AIDS-Related Opportunistic Infections: IM, immunology
Animals
*Antibodies, Bacterial: IM, immunology
*Antibodies, Protozoan: IM, immunology
Antigens, Bacterial: IM, immunology
Blotting, Western
Cross Reactions
*** Diagnosis, Differential***
False Positive Reactions
*Fluorescent Antibody Technique, Indirect
*** Glycolipids: IM, immunology***
Glycoproteins: IM, immunology
*HIV Seronegativity: IM, immunology
*HIV Seropositivity: IM, immunology
HIV-1
Humans
*Leishmania infantum: IM, immunology
*** Leishmaniasis, Visceral: DI, diagnosis***
*Leishmaniasis, Visceral: IM, immunology
Membrane Proteins: IM, immunology
****Mycobacterium tuberculosis: IM, immunology***
Protozoan Proteins: IM, immunology
Random Allocation
Serologic Tests
*** Tuberculosis: DI, diagnosis***
****Tuberculosis: IM, immunology***
CN 0 (Antibodies, Bacterial); 0 (Antibodies, Protozoan); 0 (Antigens, Bacterial); 0 (***Glycolipids***); 0 (Glycoproteins); 0 (Membrane Proteins); 0 (Protozoan Proteins)

L6 ANSWER 19 OF 24 EMBASE COPYRIGHT (c) 2009 Elsevier B.V. All rights reserved on STN DUPLICATE 5
AN 1997024991 EMBASE <<LOGINID::20090826>>
TI Serodiagnosis of ***tuberculosis*** by detection of antituberculous ***glycolipid*** antigen (TBGL antigen) antibodies in serum using enzyme-linked immunosorbent assay: Clinical evaluation of anti-TBGL antibodies assay ***kit*** .
AU Toyoda, T. (correspondence); Osumi, M.; Aoyagi, T.; Kawashiro, T.
CS National Higashisaitama Hospital, 4147, Kurohama, Hasuda-shi, Saitama 349-01, Japan.
SO Kekkaku, (1996) Vol. 71, No. 12, pp. 655-661.
Refs: 10
ISSN: 0022-9776 CODEN: KEKKAG
CY Japan
DT Journal; Article
FS 015 Chest Diseases, Thoracic Surgery and Tuberculosis
026 Immunology, Serology and Transplantation
037 Drug Literature Index
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology
LA Japanese
SL English; Japanese
ED Entered STN: 18 Feb 1997
Last Updated on STN: 18 Feb 1997
AB Kyowa Medex Co., Ltd. developed the ***kit*** for the sero-***diagnosis*** of ***tuberculosis*** , which detects IgG antibodies against tuberculous ***glycolipids*** antigen containing cord factor (TBGL antigen) prepared from M. ***tuberculosis*** using the enzyme

linked immunosorbent assay technique. We evaluated the ***kit*** using clinical specimens and the results are as follows: 1) In total, 34 out of 39 cases (87.2%) with active pulmonary ***tuberculosis*** showed positive anti- TBGL antibody. 2) Patients with cavity, patients with extensive lesions and patients excreting large amount of acid fast bacilli tended to show high positivity rates. 3) The antibody titers increased in 7 out of 11 cases after starting the antituberculous chemotherapy. 4) The use of the antibody is unsuitable for the determination of the activity of ***tuberculosis*** since the antibody titers only slightly decreased even after chemotherapy for two years. 5) Two out of four nontuberculous mycobacteriosis cases showed high antibody titers. 6) All three AIDS patients with ***tuberculosis*** showed low antibody titers. 7) The antibody was negative in almost all healthy controls showing a positive PPD skin test after vaccination with BCG, and it was therefore assumed that the antibody titer is not increased by BCG vaccination. 8) The antibody titers of the staff members working in the ***tuberculosis*** wards were not high compared with those of staff members working in the other wards.

TI Serodiagnosis of ***tuberculosis*** by detection of antituberculous ***glycolipid*** antigen (TBGL antigen) antibodies in serum using enzyme-linked immunosorbent assay: Clinical evaluation of anti-TBGL antibodies assay ***kit*** .

AB Kyowa Medex Co., Ltd. developed the ***kit*** for the sero- ***diagnosis*** of ***tuberculosis*** , which detects IgG antibodies against tuberculous ***glycolipids*** antigen containing cord factor (TBGL antigen) prepared from M. ***tuberculosis*** using the enzyme linked immunosorbent assay technique. We evaluated the ***kit*** using clinical specimens and the results are as follows: 1) In total, 34 out of 39 cases (87.2%) with active pulmonary ***tuberculosis*** showed positive anti- TBGL antibody. 2) Patients with cavity, patients with extensive lesions and patients excreting large amount of acid. . . after starting the antituberculous chemotherapy. 4) The use of the antibody is unsuitable for the determination of the activity of ***tuberculosis*** since the antibody titers only slightly decreased even after chemotherapy for two years. 5) Two out of four nontuberculous mycobacteriosis cases showed high antibody titers. 6) All three AIDS patients with ***tuberculosis*** showed low antibody titers. 7) The antibody was negative in almost all healthy controls showing a positive PPD skin test. . . the antibody titer is not increased by BCG vaccination. 8) The antibody titers of the staff members working in the ***tuberculosis*** wards were not high compared with those of staff members working in the other wards.

CT Medical Descriptors:
acquired immune deficiency syndrome
antibody detection
antibody titer
article
bcg vaccination
clinical article
controlled study
enzyme linked immunosorbent assay
human
****lung tuberculosis: DI, diagnosis***
****lung tuberculosis: DT, drug therapy***
mycobacterium tuberculosis
*serodiagnosis
tuberculin test

*bacterial antigen
bcg vaccine
*cord factor
****glycolipid***
*immunoglobulin g antibody: EC, endogenous compound
tuberculostatic agent: DT, drug therapy

L6 ANSWER 20 OF 24 CAPLUS COPYRIGHT 2009 ACS on STN
AN 1997:104121 CAPLUS <<LOGINID::20090826>>
DN 126:156129
OREF 126:30171a,30174a
TI Comparison of A60 and three ***glycolipid*** antigens in an ELISA test for ***tuberculosis***
AU Simonney, Nancy; Molina, Jean Michel; Molimard, Mathieu; Oksenhendler, Eric; Lagrange, Philippe H.
CS Service de Microbiologie, Hopital Saint-Louis, Paris, Fr.
SO Clinical Microbiology and Infection (1996), 2(3), 214-222
CODEN: CMINFM; ISSN: 1198-743X
PB Decker Europe
DT Journal
LA English
AB The objectives of this study were to compare the ***diagnostic*** usefulness in ***tuberculosis*** of the serodiagnostic ELISA ***kit*** A60 (Anda Biologicals, Strasbourg, France) and of our domestic ELISA based on three purified cell wall ***glycolipid*** antigens. The presence and concns. of IgG and IgM anti-A60 antibodies and anti-LOS, anti-DAT and anti-PGLTb1 antibodies against the ***glycolipid*** antigens were detd. by ELISA in 50 HIV-seroneg. and 46 HIV-seropos. patients, with documented active ***tuberculosis*** . The specificity of these ELISAs was detd. with use of sera from 50 healthy blood donors, 29 patients with non-mycobacterial pulmonary diseases and 24 HIV-pos. patients with disseminated Mycobacterium avium infection. With a calcd. cut-off for each antigen and Ig that gave a specificity higher than or equal to 98%, the cumulative ELISA results showed that only 36.5% of the patients with ***tuberculosis*** had a pos. response in the A60 test, as compared with 84.4% who showed a response to the three ***glycolipid*** antigens. This striking difference persisted when the cumulative sensitivities were calcd. according to the HIV status of the patients and the localization of ***tuberculosis*** . The anti-A60 antibody (IgG and IgM) levels and the degree of sensitivity of the ELISA for detection of A60 antigen were always lower in HIV-pos. patients with pulmonary and extrapulmonary ***tuberculosis*** than in HIV-neg. patients with ***tuberculosis*** . The sensitivity of A60 ELISA was further decreased in HIV-pos. patients with low CD4+ lymphocytes counts, in contrast to the results with the three ***glycolipid*** antigens. These results show the limitations of the A60 ELISA, and confirm the potencies of the ***glycolipid*** antigens in serodiagnosis of ***tuberculosis*** in HIV-pos. and HIV-neg. patients.
OSC.G 6 THERE ARE 6 CAPLUS RECORDS THAT CITE THIS RECORD (6 CITINGS)
TI Comparison of A60 and three ***glycolipid*** antigens in an ELISA test for ***tuberculosis***
AB The objectives of this study were to compare the ***diagnostic*** usefulness in ***tuberculosis*** of the serodiagnostic ELISA ***kit*** A60 (Anda Biologicals, Strasbourg, France) and of our domestic ELISA based on three purified cell wall ***glycolipid*** antigens.

The presence and concns. of IgG and IgM anti-A60 antibodies and anti-LOS, anti-DAT and anti-PGLTb1 antibodies against the ***glycolipid*** antigens were detd. by ELISA in 50 HIV-seroneg. and 46 HIV-seropos. patients, with documented active ***tuberculosis*** . The specificity of these ELISAs was detd. with use of sera from 50 healthy blood donors, 29 patients with non-mycobacterial. . . a specificity higher than or equal to 98%, the cumulative ELISA results showed that only 36.5% of the patients with ***tuberculosis*** had a pos. response in the A60 test, as compared with 84.4% who showed a response to the three ***glycolipid*** antigens. This striking difference persisted when the cumulative sensitivities were calcd. according to the HIV status of the patients and the localization of ***tuberculosis*** . The anti-A60 antibody (IgG and IgM) levels and the degree of sensitivity of the ELISA for detection of A60 antigen were always lower in HIV-pos. patients with pulmonary and extrapulmonary ***tuberculosis*** than in HIV-neg. patients with ***tuberculosis*** . The sensitivity of A60 ELISA was further decreased in HIV-pos. patients with low CD4+ lymphocytes counts, in contrast to the results with the three ***glycolipid*** antigens. These results show the limitations of the A60 ELISA, and confirm the potencies of the ***glycolipid*** antigens in serodiagnosis of ***tuberculosis*** in HIV-pos. and HIV-neg. patients.

ST HIV ***tuberculosis*** antigen Ig ELISA

IT Antigens
RL: ARG (Analytical reagent use); ANST (Analytical study); USES (Uses)
(A60; comparison of A60 and three ***glycolipid*** antigens in an ELISA test for ***tuberculosis*** in HIV-neg. and HIV-pos. humans)

IT Immunoglobulins
RL: ANT (Analyte); ANST (Analytical study)
(G; comparison of A60 and three ***glycolipid*** antigens in an ELISA test for ***tuberculosis*** in HIV-neg. and HIV-pos. humans)

IT Immunoglobulins
RL: ANT (Analyte); ANST (Analytical study)
(M; comparison of A60 and three ***glycolipid*** antigens in an ELISA test for ***tuberculosis*** in HIV-neg. and HIV-pos. humans)

IT Blood analysis
Human immunodeficiency virus
Mycobacterium ***tuberculosis***
(comparison of A60 and three ***glycolipid*** antigens in an ELISA test for ***tuberculosis*** in HIV-neg. and HIV-pos. humans)

IT ***Glycolipids***
RL: ARG (Analytical reagent use); ANST (Analytical study); USES (Uses)
(comparison of A60 and three ***glycolipid*** antigens in an ELISA test for ***tuberculosis*** in HIV-neg. and HIV-pos. humans)

IT Immunoassay
(enzyme-linked immunosorbent assay; comparison of A60 and three ***glycolipid*** antigens in an ELISA test for ***tuberculosis*** in HIV-neg. and HIV-pos. humans)

L6 ANSWER 21 OF 24 CAPLUS COPYRIGHT 2009 ACS on STN
AN 1996:13345 CAPLUS <<LOGINID::20090826>>
DN 124:50207
OREF 124:9379a,9382a
TI Membranes for ***diagnosis*** of ***tuberculosis*** , a method of ***diagnosis*** of ***tuberculosis*** by using the membranes, and ***diagnostic*** ***kits*** for ***tuberculosis***
IN Yano, Ikuya; Marumoto, Kazuaki; Itagaki, Tadashi; Suehiro, Takeshi
PA Nippon Baio Ratsudo Raboratori, Japan

SO Jpn. Kokai Tokkyo Koho, 6 pp.
CODEN: JKXXAF
DT Patent
LA Japanese
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI JP 07248329	A	19950926	JP 1994-68080	19940311
PRAI JP 1994-68080		19940311		

AB ***Tuberculosis*** is ***diagnosed*** by using amphipathic membranes on which mycolic acid-contg. ***glycolipids*** are immobilized. The membranes and ***kits*** contg. the membranes are also claimed. ***Tuberculosis*** is easily, promptly (within 3 h), and inexpensively (by eye inspection) ***diagnosed*** by this method. The membranes have higher specificity and sensitivity, thus requiring .apprx.1 .mu.g antigens. Mycolic acid-contg. ***glycolipid*** was dissolved in CHCl3/MeOH mixt., immobilized on poly(vinylidene difluoride) membrane, dried, treated with Tris buffer soln. for blocking, and washed with NaN3-contg. Tris buffer soln. to give a membrane. Serum from patients with ***tuberculosis*** was incubated with the membrane at 37.degree. for 1 h, then treated with a soln. contg. alk. phosphatase-labeled goat anti-human IgG at room temp. for 30 min, further treated with a substrate soln. contg. BCIP and NBT at room temp. for 10 min. A purple color developed.

TI Membranes for ***diagnosis*** of ***tuberculosis*** , a method of ***diagnosis*** of ***tuberculosis*** by using the membranes, and ***diagnostic*** ***kits*** for ***tuberculosis***

AB ***Tuberculosis*** is ***diagnosed*** by using amphipathic membranes on which mycolic acid-contg. ***glycolipids*** are immobilized. The membranes and ***kits*** contg. the membranes are also claimed. ***Tuberculosis*** is easily, promptly (within 3 h), and inexpensively (by eye inspection) ***diagnosed*** by this method. The membranes have higher specificity and sensitivity, thus requiring .apprx.1 .mu.g antigens. Mycolic acid-contg. ***glycolipid*** was dissolved in CHCl3/MeOH mixt., immobilized on poly(vinylidene difluoride) membrane, dried, treated with Tris buffer soln. for blocking, and washed with NaN3-contg. Tris buffer soln. to give a membrane. Serum from patients with ***tuberculosis*** was incubated with the membrane at 37.degree. for 1 h, then treated with a soln. contg. alk. phosphatase-labeled goat anti-human. . .

ST ***tuberculosis*** ***diagnosis*** amphipathic membrane; antibody mycolic acid ***diagnosis*** ***tuberculosis*** ; ***glycolipid*** immobilized membrane ***diagnosis*** ***tuberculosis***

IT Blood analysis
Tuberculosis
(antibodies to mycolic acid-contg. ***glycolipids*** in ***diagnosis*** of ***tuberculosis*** using amphipathic membranes)

IT Antibodies
RL: ANT (Analyte); ANST (Analytical study)
(antibodies to mycolic acid-contg. ***glycolipids*** in ***diagnosis*** of ***tuberculosis*** using amphipathic membranes)

IT ***Glycolipids***
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(antibodies to mycolic acid-contg. ***glycolipids*** in

diagnosis of ***tuberculosis*** using amphipathic membranes)

IT Mycolic acids
RL: BSU (Biological study, unclassified); BIOL (Biological study) (antibodies to mycolic acid-contg. ***glycolipids*** in ***diagnosis*** of ***tuberculosis*** using amphipathic membranes)

IT 24937-79-9, Poly(vinylidene difluoride) 108778-13-8, Biodyne
RL: ARG (Analytical reagent use); THU (Therapeutic use); ANST (Analytical study); BIOL (Biological study); USES (Uses)
(membrane; antibodies to mycolic acid-contg. ***glycolipids*** in ***diagnosis*** of ***tuberculosis*** using amphipathic membranes)

L6 ANSWER 22 OF 24 BIOSIS COPYRIGHT (c) 2009 The Thomson Corporation on STN

AN 1993:344321 BIOSIS <<LOGINID::20090826>>

DN PREV199396041321

TI Evaluation of the use of 5-mycoloyl-beta-arabinofuranosyl- (1 fwdarw 2)-5-mycoloyl-alpha-arabinofuranosyl-(1 fwdarw 1')-glycerol in serodiagnosis of Mycobacterium avium intracellulare complex infection.

AU Honda, I.; Kawajiri, K.; Watanabe, M. [Reprint author]; Toida, I.; Kawamata, K.; Minnikin, D. E.

CS Res. Inst. BCG, 3-1-5 Matsuyama Kiyose, Tokyo 204, Japan

SO Research in Microbiology, (1993) Vol. 144, No. 3, pp. 229-235.
CODEN: RMCREW. ISSN: 0923-2508.

DT Article

LA English

ED Entered STN: 26 Jul 1993
Last Updated on STN: 26 Jul 1993

AB 5-Mycoloyl-beta-arabinofuranosyl-(1 fwdarw 2)-5-mycoloyl-alpha-arabinofuranosyl-(1 fwdarw 1')-glycerol, an antigenic ***glycolipid*** from the Mycobacterium avium-intracellulare complex (MAC) was examined for its applicability to the serodiagnosis of MAC infection by ELISA. Serum IgM antibody titres against this ***glycolipid*** in healthy controls, pulmonary ***tuberculosis*** , patients and sputum-MAC-culture-negative MAC patients were generally below the cut-off point (ELISA-negative), whereas most of the MAC-culture-positive MAC patient sera were ELISA-positive (93.5%) and their titres were often very high. Thus, high serum IgM titres against this ***glycolipid*** may be said to imply that the MAC disease is in an active phase.

AB 5-Mycoloyl-beta-arabinofuranosyl-(1 fwdarw 2)-5-mycoloyl-alpha-arabinofuranosyl-(1 fwdarw 1')-glycerol, an antigenic ***glycolipid*** from the Mycobacterium avium-intracellulare complex (MAC) was examined for its applicability to the serodiagnosis of MAC infection by ELISA. Serum IgM antibody titres against this ***glycolipid*** in healthy controls, pulmonary ***tuberculosis*** , patients and sputum-MAC-culture-negative MAC patients were generally below the cut-off point (ELISA-negative), whereas most of the MAC-culture-positive MAC patient sera were ELISA-positive (93.5%) and their titres were often very high. Thus, high serum IgM titres against this ***glycolipid*** may be said to imply that the MAC disease is in an active phase.

IT Miscellaneous Descriptors
CHILDREN; DAKOPATTS ***KIT*** ; ***DIAGNOSTIC*** METHOD; GASTROENTERITIS; IMMUNOLOGIC METHOD

L6 ANSWER 23 OF 24 MEDLINE on STN
AN 1984275719 MEDLINE <<LOGINID::20090826>>
DN PubMed ID: 6205491
TI [Major trends in lipid immunochemistry].
Osnovnye napravleniia immunokhimii lipidov.
AU Shvets V I; Krasnopol'skii Iu M
SO Ukrainskii biokhimicheskii zhurnal, (1984 May-Jun) Vol. 56, No. 3, pp. 254-63.
Journal code: 7804246. ISSN: 0201-8470.
CY USSR
DT (ENGLISH ABSTRACT)
Journal; Article; (JOURNAL ARTICLE)
LA Russian
FS Priority Journals
EM 198409
ED Entered STN: 20 Mar 1990
Last Updated on STN: 6 Feb 1998
Entered Medline: 13 Sep 1984
AB Data are presented on immunochemical properties of lipids, the most important group of biologically active substances. Problems on antigenic, immunogenic and adjuvant activities of lipids are considered. A possible use of lipid antigens for ***diagnosis*** of different infectious diseases is demonstrated and main principles of their construction are suggested. Data are available on immunogenicity of phospho- and ***glycolipid*** mixtures as well as on practical application of the obtained antibodies. Guidelines for the use of immunochemical properties of lipids are outlined.
AB . . . active substances. Problems on antigenic, immunogenic and adjuvant activities of lipids are considered. A possible use of lipid antigens for ***diagnosis*** of different infectious diseases is demonstrated and main principles of their construction are suggested. Data are available on immunogenicity of phospho- and ***glycolipid*** mixtures as well as on practical application of the obtained antibodies. Guidelines for the use of immunochemical properties of lipids. . .
CT Adjuvants, Immunologic: AD, administration & dosage
Animals
Brain: IM, immunology
*** Cardiolipins: IM, immunology***
Cattle
Epitopes: AN, analysis
*Epitopes: IM, immunology
Humans
Immunization
Lipids: AD, administration & dosage
*** Lipids: DU, diagnostic use***
*Lipids: IM, immunology
Liposomes: AD, administration & dosage
Liposomes: IM, immunology
*** Schistosomiasis: DI, diagnosis***
Serologic Tests
Syphilis Serodiagnosis
*** Tuberculosis, Pulmonary: DI, diagnosis***
CN 0 (Adjuvants, Immunologic); 0 (***Cardiolipins***); 0 (Epitopes); 0 (Lipids); 0 (Liposomes)

L6 ANSWER 24 OF 24 BIOSIS COPYRIGHT (c) 2009 The Thomson Corporation on

STN DUPLICATE 6

AN 1980:238850 BIOSIS <<LOGINID::20090826>>

DN PREV198070031346; BA70:31346

TI ENZYME LINKED IMMUNO SORBENT ASSAY TESTS FOR ANTIBODIES AGAINST MYCOBACTERIAL GLYCO LIPIDS.

AU REGGIARDO Z [Reprint author]; VAZQUEZ E; SCHNAPER L

CS DEP PATHOL, UNIV MD SCH MED, 660 W REDWOOD ST, BALTIMORE, MD 21201, USA

SO Journal of Immunological Methods, (1980) Vol. 34, No. 1, pp. 55-60. CODEN: JIMMBG. ISSN: 0022-1759.

DT Article

FS BA

LA ENGLISH

AB ELISA [enzyme-linked immunosorbent assay] tests with purified mycobacterial ***glycolipids*** and bovine heart ***cardiolipin*** are described. The possible clinical use of ELISA tests with mycobacterial ***glycolipids*** for the ***diagnosis*** of ***tuberculosis*** and other mycobacterioses is discussed.

AB ELISA [enzyme-linked immunosorbent assay] tests with purified mycobacterial ***glycolipids*** and bovine heart ***cardiolipin*** are described. The possible clinical use of ELISA tests with mycobacterial ***glycolipids*** for the ***diagnosis*** of ***tuberculosis*** and other mycobacterioses is discussed.

IT Major Concepts

Cardiovascular System (Transport and Circulation); Immune System (Chemical Coordination and Homeostasis); Infection; Serology (Allied Medical Sciences)

IT Miscellaneous Descriptors

BOVINE HEART ***CARDIO*** LIPIN ***TUBERCULOSIS*** ***DIAGNOSIS***